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# CANADA

# MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

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*Introductory Lecture*—Delivered at the opening of McGill University Session 1869-70. By GEORGE W. CAMPBELL, A.M., M.D., Professor of Surgery, and Dean of the Medical Faculty.

GENTLEMEN,—Before addressing to you a few remarks upon the best method of prosecuting your professional studies, I think a short explanation of the Medical Acts which regulate the study and practice of medicine in Quebec and Ontario, might be of service to you.

In the Lower Provinces there has been no recent legislation upon this subject; the Profession there is not incorporated, and the license to practice is granted by the Lieutenant Governor, upon the certificate of qualification from a Board of Examiners appointed by the Government.

In July, 1847, the Medical Profession in Lower Canada was incorporated under the designation of the "College of Physicians and Surgeons of Canada East." This Bill which is still in force, was entitled "An Act to incorporate the Members of the Medical Profession in Lower Canada, and to regulate the study and practice of Physic and Surgery therein." The qualifications required by this Act were almost the same with those demanded at that time by this University. According to this Act, graduates of British Universities and Colleges are admitted to practice upon giving proof that they honestly and fairly became possessed of the degree or diploma, which entitled them to receive the license of the College. The Members of the College elect triennially a Board of Governors, thirty-six in number, who administer its affairs and conduct its examinations. The qualifications demanded for commencing the study of medicine, (and remember that this matriculation examination was upwards of twenty years ago,) were a competent knowledge of Latin, History, Geography, Mathematics, and Natural Philosophy, and after the year 1850, a general knowledge of both French and English; and the qualifications demanded from a candidate for examination for license to

practice, were, that the candidate was twenty-one years of age, that he had followed his studies uninterruptedly for not less than four years, and that during these years he had attended at some University or College within Her Majesty's Dominions not less than two six months' courses, each of Anatomy, Practical Anatomy, Surgery, Practice of Medicine, Midwifery, Chemistry, Materia Medica, and Pharmacy, one six months' of the Institutes of Medicine, one three months' course of Botany, with two three months' courses of Clinical Surgery and Clinical Medicine.

This Act has been very useful in Lower Canada in elevating the standard of medical education throughout the Province, and though the practice of Homœopathy was legalized by a special Act soon after it became law, it has yet been of great service, from the penal clauses in the Act, in protecting the public from the inroads of shoals of root doctors and quacks of all descriptions. From 1849, when the late Henry Sherwood introduced a similar Bill to incorporate the Profession in Upper Canada till 1866 when the United Parliament of Upper and Lower Canada passed the Act "to regulate the qualifications of Practitioners in Medicine and Surgery in Upper Canada," the Profession in that Province sought from various Parliaments, Acts of Incorporation. These were uniformly rejected by small majorities, on account of the penal clauses, while the Homœopaths and Eclectics were incorporated and their practice legalized by special Acts in their favour.

On the first of January, 1866, the Profession in Upper Canada was incorporated under an Act, entitled "An Act to regulate the qualifications of Practitioners in Medicine and Surgery in Upper Canada," commonly known as the "Parker Act." Under this Act a Council was established, composed partly of representatives chosen, one from each of the four Universities, one from the Toronto School of Medicine, and one from each of the twelve Electoral divisions of Upper Canada. The body so elected was styled "The General Council of Medical Education and Registration of Upper Canada." To this Act, as at first passed, the McGill College authorities offered no opposition. It was regarded by them as a very excellent measure, liberal in its provisions, and a just and sufficient protection to the properly qualified medical practitioner. By it, Licentiates of Medicine in Upper and Lower Canada, and persons holding medical or surgical degrees or diplomas, from any University in Her Majesty's Dominions, were entitled to registration without re-examination. Now this Act, framed upon the present English Medical Bill, was found not quite to suit the exclusive views of some of the members of the Medical Council of Upper Canada, and an Act to amend it was

endeavoured to be forced through the last session of the United Provincial Parliament, which contained a clause by which none of the holders of our degrees could practice in that Province, unless they submitted to re-examination after they had graduated, in the manner directed by the Council on the subjects required for matriculation. The injustice of this measure was very evident, as by it British degrees and diplomas with qualifications, literary and professional, no higher than our own, were exempted from the operation of this Act. Besides this, the Medical Council of Great Britain has never attempted to take the matriculation or graduation examinations out of the hands of the Universities, Colleges, and other licensing corporations, but has merely insisted that the standard recommended by them should be adopted as a minimum. They have no special examiners of their own, nor do they conduct such examinations under their own supervision, but merely appoint visitors to be present at the examinations of the Universities and Colleges, to see that they are conducted impartially and honestly.

The opposition made by our Faculty to this most unjust measure resulted in the adoption by the last Parliament of the united Canadas in August, 1866, of the amended Act, which continued in force till January, 1869, in Ontario. In the meantime, Confederation was accomplished, and the control of higher education was, in spite of the earnest and able protest of the Principal and Governors of this University, most unfortunately for the interest of the public and the Profession, placed under the authority of the Local instead of the Dominion Legislature. Twelve months ago the present Ontario Medical Bill was secretly prepared by a few members of the late Medical Council, was privately printed but was never published, nor was the general opinion of the Profession of Ontario ever pronounced upon it, until at an advanced period of last session of the Ontario Parliament it was attempted to be quietly introduced and smuggled through the house. A copy of the Bill was at length procured by the Faculty of this University, who published a protest against its being passed, and subsequently sent two of their members to Toronto, Drs. Scott and Craik, authorising them to use their best endeavours to have it amended in committee or thrown out altogether.

The protest and the zealous efforts of our delegates were of no avail, and the following extraordinary measure, a few clauses of which I will now read, was passed by the Local Legislature and became law in the Province of Ontario:

*How Composed—Proviso.*

“VIII. The Council shall be composed as follows: Of one member to be chosen from each of the Colleges and bodies hereinafter designated, to

wit: University of Toronto, Queen's University and College of Kingston, University of Victoria College, University of Trinity College, Royal College of Physicians and Surgeons of Kingston, Toronto School of Medicine, and of every other College or body in the Province now authorized, or which may be hereafter authorized to establish a Medical Faculty in connection therewith, and to grant degrees in Medicine and Surgery, or other certificates of qualification to practise the same: Provided always, that no teacher, professor or lecturer of any of the before mentioned colleges or bodies shall hold a seat in the Council, except as a representative of the college or body to which he belongs.

*Additional members thereof.*

2. *There shall also belong to the said Council five members to be elected by the duly licensed practitioners in Homœopathy, who have been registered under this Act; and five members to be elected by the duly licensed practitioners in the Eclectic system of Medicine, who have been registered under this Act.*

3. The twelve members who shall be elected in the manner hereinafter provided from amongst and by the registered members of the Profession, other than those mentioned in the next preceding subsection, shall be residents of the several Territorial Divisions for which they are elected.

*Board of examiners, how composed.—Proviso.*

XXV. The Board of Examiners appointed under the preceding section, shall be composed as follows: One Member from each of the three teaching bodies now existing in Ontario, and one from every other School of Medicine which may be hereafter organized in connection with any University or College which is empowered by law to grant medical or surgical diplomas; and nine Members to be chosen from among those Members of the College of Physicians and Surgeons of Ontario, who are unconnected with any of the above teaching bodies: Provided always, that every candidate who shall, at the time of his examination, signify his wish to be registered as a Homœopathic or Eclectic practitioner, shall not be required to pass an examination in either Materia Medica or Therapeutics, or in the Theory or Practice of Physic, or in Surgery or Midwifery, except the operative practical parts thereof, before any examiners other than those approved of by the representatives in the Council of the body to which he shall signify his wish to belong."

It was hoped that the degrading association of Homœopaths and Eclectics with the regular members of the Profession would prevent the Medical Council when elected under the Act, from accepting the Bill as it now stands, and when the Council did meet in Toronto in July last, the dele-

gate for Midland and York, Dr. J. N. Agnew of Toronto, much to his credit submitted an able and energetic protest. (*See Canada Medical Journal*, July, 1869.) I will not attempt to say anything further upon this subject at present. The Medical Council of Ontario has received its deserts in many able articles in the *Canada Medical Journal* and the *London Lancet*, and finally in the opening address of the eloquent president of the Canadian Medical Association. This address is to be published in full in the proceedings of the Association, but the brief abstract of it contained in the September number of the *Canada Medical Journal* just published, is so consonant with my own views and with the opinions of the great body of the Profession in the Dominion, outside the Medical Council of Ontario, that I am certain you will excuse me for occupying your time for a few moments in reading it to you. (Dr. Campbell here read the abstract of Dr. Tupper's opening address at the meeting of the Canadian Medical Association at Toronto in September, copied from September number of this Journal.)

We are met here to-day, Gentlemen, a month earlier than usual, in order to accommodate the termination of the session, to the time fixed by the Medical Council of Ontario for its annual examinations to take place at Kingston, on Tuesday, the 5th of April, and following days. (Here Dr. Campbell read *circular of College of Physicians and Surgeons of Ontario*) You will notice in this announcement that Practical Chemistry is imperative for all students who intend to take out the Ontario license in April next. We have therefore established such a course under the able guidance of Dr. Girdwood, which is extra academic for this session, because it has not yet been added to our own curriculum, but which I would strongly advise all final students to attend, as I consider it a most important and valuable addition to our course of instruction; I may mention also that arrangements are now in progress by which we hope to afford you more suitable accomodation before the commencement of next session for the prosecution of your studies. Such a want has been long felt by most of us, and I am happy to announce that it is now in a fair way of being supplied, and we hope when we meet, twelve months hence, that we will bid you welcome in a building expressly erected for the purpose of medical instruction, with a good museum, library, and laboratory for Practical Chemistry, and with all the modern improvements and appliances for facilitating the acquisition of the varied subjects comprised in our present course of Medical Education. Our session this year will terminate in the end of March, and the convocation for conferring degrees in Medicine and Law, will probably be held on Friday the 1st of April; but of this early notice will be given, as well as of the time, when the theses

must be sent in, and the day when the graduation examinations will commence.

Gentlemen, I have no fear that our graduates will, as they have done in times past, do themselves and their *Alma Mater* credit at the Ontario examinations in April next. Any one who honestly works with us, who trusts to his own diligence during his whole curriculum, and does not depend upon being crammed by a grinder at its termination. I say advisedly that any one who does this need not be afraid of any examination, however strict it may be.

I regretted to notice in the reported proceedings of the Canadian Medical Association, the British Medical Act alluded to in most unbecoming terms, it was styled disgraceful, rotten, worthless, and useless, by an Ontario member of the Association: now I maintain that the Medical Council, established by this much aspersed Act, is the ablest, most dignified, and most respected body of Medical men in the world. Is it a useless act, I would ask, that brings together, annually, from all parts of the United Kingdom, to frame measures for the improvement of the profession, such a phalanx of wisdom and talent as is embodied in this council, numbering as it does in its ranks such names as Syme, Christison, Burroughs, Paget, Hawkins, Stokes, Quain, Bennett, Akland, Corrigan. In fact I might go over the whole list and scarcely find a single name unknown to medical fame, or one who is not respected for character and ability in the locality, or by the body which he so worthily represents. It is true that the action of the Council has been to some extent cramped, and fettered by defective legislation, or rather by the want of legislation, for its applications for amendments, necessary to the more efficient working of the act, have in several successive Parliaments been thrown aside by subjects of more exciting, though not more important legislation. But in the eleven years of its existence, it has done much to raise the standard of Medical education, and to exalt intellectually, morally and politically, the Profession it so ably and honorably represents.

And, now Gentlemen, a few words about the much disputed subject of Medical education, upon which a great divergence of opinion has been expressed among medical teachers, within the last few years, some maintaining that lecturing is the best, in fact the only efficient method of teaching, whilst others go so far as to decry it as useless and maintain that all that can be taught at lectures may be as well acquired through books. Now, Gentlemen, after thirty years' experience in teaching, I must say, that my faith in the lecture and the benefits of the lecture room, is unshaken. A lecture should not be, and as a rule is not, a mere learned monograph upon the subject of which it treats; it ought to be, as

far as practicable, demonstrative, in which the teaching to be useful must be simple, and suited to the capacity of the students who should not be accounted proficient in, but merely learners of the science or art under description.

Almost all lectures are now-a-days chiefly demonstrative. Commencing at the beginning you have Anatomy, Botany and Chemistry eminently so; the skeleton or recent subject, the plant itself, a dried specimen, or drawing of it, and the chemical experiment with observations to explain and make the result intelligible to the mind of the student. In *Materia Medica* analytical experiments exhibited, the different substances and preparations used in Medicine shewn to the class, and their actions and uses explained. In the Institutes lectures illustrated by morbid preparations, microscopic demonstrations models and drawings, to which the Professor, recently returned from Europe, has added a valuable and beautiful collection. And even in the more advanced classes, Practice of Physic, Midwifery, Medical Jurisprudence and Surgery, the courses are extensively illustrated by engravings, morbid preparations and models, and the practical and operative portions of Surgery exhibited upon the skeleton and recent subject.

To say nothing of Practical Chemistry, Practical Anatomy, Clinical Lectures, and beside instruction at the Hospital, it is the veriest nonsense to maintain that such knowledge as I have now described could be so well acquired in any other manner as in the lecture room.

It will require no lengthened arguments to prove the paramount importance of a knowledge of Anatomy to the cultivation of the healing art. It is assuredly the only certain foundation of a proper Medical education; without such knowledge little progress can be made in the more advanced branches. If structure is not known, disease can neither be understood nor treated scientifically or successfully. We ought to be intimately acquainted with the nature and structure of the human machine before we pretend to repair it. I would advise you therefore during the first years of your studies thoroughly to master the details of Anatomy, and these will never be properly impressed upon your memory, without dissecting for yourselves, and witnessing the dissections made by your fellow-students.

Chemistry besides being in itself a most delightful study, is also of essential importance as an elementary branch. Look at the flood of light shed upon Physiology and Pathology by modern Chemistry. We are every day becoming more chemical in our practice. The blood, the saliva, the gastric juice, the bile, the pancreatic secretion, the urine and perspiration are now all subjected to the minute analysis of the

Chemist, and improvements of the greatest practical importance deduced from such investigation.

Botany and Zoology are also elementary branches of great practical value and of interest and importance to the Medical man. I speak from experience for I attended the first course of lectures in connection with this Faculty delivered by our learned principal upon these branches, and I retain to this day a pleasing and profitable recollection of the lucid and masterly manner in which they were presented to the notice of the student.

Institutes of Medicine is also an important primary branch, and in no department of medical science has modern investigation shed greater lustre than upon it. Here Chemistry and Microscopic Anatomy have done wonders in explaining what was previously a mystery to the student. It is not many years since the late Dr. Goodsir, of Edinburgh, first announced to the medical world the Microscopic discovery, that all living textures were built up of minute cells, and since that time what an immense amount of information has been added by means of this little instrument to our former knowledge of Physiology and Pathology. How important is its use in the detection of morbid changes in the various secretions and excretions of the body, in the blood and other fluids, in the diagnosis of benign and malignant growths, and in the determining many important questions in Medical jurisprudence. In fact the microscope has for the last twenty years done for Medicine what the spectroscope is now doing for Astronomy and the kindred sciences.

You cannot advantageously study the functions of the different organs, without a previous acquaintance with their minute or microscopic structure, and this is taught by means of actual microscopic demonstrations, and large engravings of minute Anatomy.

Materia Medica completes the list of the primary branches. It gives instruction in the preparations and dispensing of medicines, in their actions and uses, their doses and effects in health and disease; it teaches how to identify them by simple and appropriate tests, and to recognise and detect their usual adulterations. It has been said with respect to this subject, that it is better to be handy with a few tools than to have a whole workshop without knowing well how to use them. It is however in the use of the finer and more delicate implements that the skilled workman exhibits his superiority over the rough mechanic, and so it is that the practice of the man versed in the therapeutical effects of diet, regimen domestic hygiene, and the less common forms of medicine is generally more successful than that of the ordinary routine practitioner.

These are the branches of study to which you should direct your

attention during your first year's attendance, and when you have to some extent mastered their details, you are prepared to commence during your second year with some of the final courses to which, in my opinion, may be advantageously conjoined hospital attendance. The final classes are Practice of Medicine, Surgery, Midwifery, Clinical Medicine, Clinical Surgery, Medical Jurisprudence, and Practical Chemistry, At least, two of these may be profitably attended during the second and third years in addition to some of the primary branches, and all of them should be attended during the fourth year of the College course. The names of the courses sufficiently denote the subjects that are taught in them, and I must refer you to the different Professors for the best method of acquiring a knowledge of them.

And now, Gentlemen, let me urge upon you to avail yourselves to the utmost of your opportunities of acquiring knowledge and experience in every department of your studies. If we enquire into the history of men of distinction in our Profession, we will find that as students they were conspicuous for their industry, that they worked hard in the dissecting rooms were regular attendants upon lectures, and in the hospital, observed at the bedside carefully the progress of disease, and the effects of remedial agents. There is no period in your lives more important than the present. Steady habits and close application to study now, will not fail to secure for you in after life respect and reputation as medical practitioners. Now is the time for acquiring the necessary elementary information for laying up in your minds that framework of knowledge upon which experience can afterwards be securely based. Without that elementary knowledge, despite of every after exertion, a man will be easily outstripped by a competitor who is better grounded in the rudiments of his Profession.

And, Gentlemen, do not suffer your industry to be checked or your ardour to be damped by the difficulties which you will necessarily have to encounter in the commencement of your studies. Once thoroughly convinced that on your exertions now, depends the future happiness and prosperity of your lives, these difficulties will rapidly vanish, and what was at first perhaps an irksome task will soon become a delightful pursuit. Professional success and honorable distinction in practice will most certainly attend the future of the man whose heart as well as head is engaged in his studies, by whom the cultivation of Medical knowledge is regarded as a favorite object of pursuit, not merely as a means of livelihood.

In conclusion, Gentlemen, may I venture to hope that the endeavours of your teachers to communicate instruction will be nobly seconded by you, and as no industry will be wanting on their part so I trust no

diligence will be wanting on yours. We will thus materially assist each other, our labors will be lightened, and we will keep up that good feeling and entertain that mutual respect which ought to be the connecting link between us. At the termination of the session I hope your teachers will be able to thank you for gentlemanly behaviour and exemplary conduct in the class room, for the attention and respect with which you have listened to their instructions, and that all of you will be able to look back with pleasure upon opportunities improved and time well spent.

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*Reports of Cases read before the Hamilton Medical and Surgical Society on the 6th Oct., by DR. ARCH. E. MALLOCH.*

GENTLEMEN,

I intend to call your attention chiefly to a case of abscess treated antiseptically; but as this will not occupy the time usually allotted to such reports, I add the notes of two other interesting surgical cases.

February 23rd, 1869.—Visited with Dr. Macdonald, Frederick C—, æt seven months, who had for some time shown symptoms of deep-seated inflammation in the region of the hip joint. The following history of the case was obtained. Three weeks ago Mrs. C—, on returning home from a short visit, found her child whom she had left quite well, crying bitterly. She suspected that the child had met with a fall but this probable cause was not ascertained; there was no discoloration of the skin nor was any bone broken: in the course of two or three days she noticed that the child did not use his right leg and that he was failing. For the last two weeks the child has been incessantly moaning and crying out when moved, so much so, that he has been left most of the time in his crib; he has also suffered from vomiting and diarrhœa, accompanied by incessant thirst. When the mother removed the child from his crib for our examination, he began to cry and was not appeased till placed on his back in his mother's lap. He is pale, very much emaciated and is moaning: pulse very small and quick. Dr. Macdonald moved the child's limbs excepting his right leg, without producing any increased expression of pain but on his making the slightest movement of the right thigh, the moan was changed into the cry expressive of weakness. The right thigh is larger than the left; the difference is most marked above and posteriorly. Poultices which had been applied to the thigh the last week, were continued, also brandy and an astringent mixture.

Feb. 26th.—There is a decided tumour which fluctuates between the right trochanter and the anus: the skin over this is of a natural colour.

After chloroform had been administered the abscess was opened with the following precautions : A piece of lint four inches square, which had been dipped in an oily solution of carbolic acid—one of acid to three of linseed oil—, called by Professor Lister the antiseptic guard, was placed over the tumour and its lower half being raised, the abscess was opened with a knife, which had been dipped in the same solution : on the withdrawal of the knife, the raised portion of the lint was at once dropped, so that all the discharge flowed from under the guard. Thick odourless pus to the amount of half a pint was evacuated : this process was expedited by firm pressure, as no fear was entertained of inflaming the pyogenic membrane by this procedure. A plug of lint, dipped in the same solution, was then introduced by means of a probe into the wound, to prevent primary union ; during this procedure great care was taken to have the probe which had been dipped in the oil, always surrounded with the guard. The guard was then folded several times, without exposing the wound, and the skin wiped free from all discharge : lastly the guard was removed and a piece of shell-lac \* plaster (composed of shell-lac and carbolic acid, one of acid to three of lac) four inches square at once substituted : this was kept in position by strips of sticking plaster applied to three of its sides, the fourth, under which the discharge was expected to flow, being left free. A towel having been placed over the plaster to absorb the discharge, bandage was applied, which after enveloping the thigh, encircled the body for further security. The mother was warned to keep the child as clean as possible, and when his bowels were moved, to prevent the dressings which almost reached the anus, being raised.

Feb. 27th.—His mother states that within the last twenty-four hours there has been a marked change for the better. The child has slept most of the time : the thirst is much less : his bowels have been moved four times but there has been no vomiting. The bandage on the thigh is wet with urine and soiled with fæces : the towel is wet and marked at one spot with a bloody stain. After removal of the strips of sticking plaster, the lac-plaster was raised and a guard as large as that used yesterday at once substituted. The lac-plaster has a little blood, altered by the action of carbolic acid, adherent ; it gave off the odour of this acid. A pair of dressing forceps, which had been dipped in the oily solution, was then passed under the guard and the plug seized and removed, when two ounces of

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\* Three square yards of " lac-plaster " manufactured and put up in air-tight tin cases, by the Old Apothecaries Company, of Glasgow, Scotland, can be purchased in this country for \$1.75. This lac-plaster is a substitute for the carbolic putty (made with an oily solution of carbolic acid, 1 to 4, and common whitening) which was first used by Professor Lister.

odourless pus escaped from under the lint. The skin was then cleaned and a fresh piece of lac-plaster applied with the same precautions as yesterday.

Feb. 28th.—Patient slept well during the night, has been quiet and has taken his food well: bowels moved twice. Dressed as before. The discharge on the plaster amounts to about six drops; it is thick, sticky and odourless. Two or three drops of serum were obtained by pressure.

March 1st.—He has slept and taken his food well; bowels have been moved three times. Dressed as before. The discharge is the same in character and amount as yesterday.

On the 2nd, the 3rd and 4th of March, the dressings were changed as on the 1st. The discharge on the lac amounted to about six drops each day, but on the 3rd and 4th none was obtained by pressure. On the 5th the wound was exposed as it was found to be superficial, water dressing was applied under which it cicatrised in two days. The notes taken as to the child's general health on the 3rd, 4th, and 5th, were, that he sleeps and takes his food well; and on the 6th, that he has gained considerably in flesh and can be tossed about as an ordinary child. He was ordered five drops of the syrup of the iodide of iron three times a day.

September 23rd.—He has been in perfect health since, except that three or four weeks ago, he suffered for a short time from "summer complaint."

This case is a good example of what is to be expected from, or, rather what certainly follows, the strict employment of the antiseptic treatment for abscesses. I need hardly call your attention to the immediate subsidence of the bad symptoms after the operation, to the quantity and quality of the discharge and to the rapid consolidation of the abscess, so different from what could have been expected, had the case been treated by the ordinary method. Again and again have I seen, in the Glasgow Royal Infirmary, under Professor Lister's care, the same happy results, following the use of this system in simple abscesses, or in abscesses connected with disease of the bone whether it be caries or necrosis, though in these cases recovery is not so rapid. But to obtain similar success, the antiseptic system of treating abscesses, must be carried out in all its details as laid down so plainly in Professor Lister's papers, in the *Lancet*, etc., and as exemplified in this case.

In the treatment of abscesses and compound fractures, carbolic acid must not be used as a stimulant or a deodoriser, nor as a placebo to one's conscience, as it seems to have been done in a case of compound dislocation reported in one of our journals, in which, after the *contused wound had been stitched*, it was merely covered with carbolic acid dressing; it

must be used as the potent destroyer of those germs floating in the air and adhering to all articles, which by decomposing the discharge, render it so irritating.

#### CASE OF SYPHILITIC DISEASE OF A PORTION OF THE DELTOID.

About the middle of February last, I visited Mrs. S——, æt 40, a widow in poor circumstances, who complained of a constant dull pain in the left side of her neck and in the shoulder, accompanied by a swelling in the upper part of the corresponding arm. This swelling which was first noticed by her at Christmas time, was in the deltoid region and reached upwards from the insertion of this muscle to the acromion process; it was very manifest, hard and ill-defined: it was not connected with the humerus, and the skin which was of a natural colour, moved freely over it. The movements of the joint were perfect but there was a decided loss of power of the deltoid. The patient was thin, pale and suffering from Chronic Bronchitis, not accompanied with valvular disease of the heart. She did not assign any cause for this swelling. In 1866 Dr. Macdonald attended her for ulceration of the hard palate and ulcers on her legs, and previously to this year, for rheumatic pains which yielded to iodide of potassium. Prescribed a blister to the part, and also three grains of iodide of potassium in compound infusion of gentian three times a day, with nourishing diet.

On May 1st, deep seated fluctuation was noticed at the lower portion of the tumour, which in other respects seems little changed.

May 21st.—There is an ulcer, the size of a crown piece, situated midway between the acromion process and the insertion of the deltoid muscles; its margin is irregular and so undermined, that a probe can be passed under it, an inch and a-half in all directions; its base is composed of a greyish brown slough, attached above and below, which can be raised from the tissues beneath it and moved from side to side; the discharge is fetid, abundant, thin and puriform, the anterior and posterior margin of the slough can be exposed by drawing the edge of the ulcer in the corresponding direction. This portion of the slough, which is half an inch in thickness and two inches in breadth, was cut through with scissors and removed; it is very offensive and cuts like wet leather. Poultices were ordered. The tumour opened a week ago (it appears that for some days before this she had been applying poultices made of oatmeal and lye) when only a little "water" escaped; in the course of three days the discharge which was at first without odour, became stinking and puriform.

June 7th.—The remaining upper portion of the slough was exposed by slitting up the margin of the ulcer and freed by a few snips of the scissors;

it is more than an inch in length : the lower portion of the slough being then exposed and removed in the same manner, was found to be not quite an inch long. Water dressing to be applied.

July 31st.—The ulcer which is now only the size of a three penny piece is healing kindly. Her general health is much improved.

Augt. 25th.—There is marked flattening of the left shoulder ; the acromion process is more prominent than the right. A sulcus of some width extends downwards from this process to the insertion of the deltoid in which is seen a blue cicatrise two and a half inches long. The loss of power of the deltoid is not so marked as before.

There can be little doubt that this is an example of a rare affection of the muscles, due to a syphilitic taint, first described by T. Tatum, Esq., of St. George's Hospital, before the Royal Medical and Chirurgical Society in 1845. In Mr. Tatum's three cases, the tumours of the muscles disappeared under the iodide of potassium treatment, but he states in his article, on the diseases of muscles in *Holmes Surgery*, with M. F. Bonisson, of Montpellier, as his authority, that these tumours occasionally form abscesses which after opening, leave ulcers with sloughy surfaces and foul discharge.

I regret that a more detailed report was not taken of this case.

#### CASE OF DEAD MISPLACED WISDOM-TOOTH OF LOW JAW.

May 9th.—I visited A. R., æt 65, who has had for some years a swelling of the left side of his face, accompanied, at times, by severe pain.

During the winter of 1864 the left side of his face was frozen: two weeks afterwards he felt severe pain on the same side of the lower jaw, for which, by the advice of a Physician, he had the molar teeth on the corresponding side of the upper jaw extracted but without relief. The lower molars on this side had been removed several years previously. During the following summer he did not suffer; in the winter of 1865 the pain recurred and was then accompanied by swelling of the part. He has suffered every winter since then, and for the last eight months so continuously that he has not been able to work. The swelling which had been gradually increasing for two years, was opened nearly three months ago, by a Physician and a considerable quantity of fetid pus evacuated, with immediate relief to the pain, which had been lulled previously by repeated blisters. Since then the pain has recurred several times with its usual severity; the swelling is now less than three months ago. There is a prominent tumour over the left ramus reaching upwards from the angle to the zygoma, forwards to the inferior angle of the malar bone and backwards to the mastoid process of the temporal bone; the lobe of the ear is pushed backwards. The tumour is very firm. A large portion of this

tumour is formed by induration and thickening of the soft parts but there is undoubtedly hypertrophy of the bone: the skin over the anterior portion of the tumour moves freely, posteriorly it is bound down and marked immediately above the angle of the jaw by two scars. Nothing abnormal is detected in the mouth except the absence of the molar teeth on this side. He cannot separate the incisors of the upper and lower jaw more than a quarter of an inch. Necrosis was suspected: it was concluded to make an exploratory incision.

May 24th.—For four days he suffered agonizing pain in the tumour, which burst yesterday, giving exit to a small quantity of pus. A probe was passed into the sinus but bare bone was not felt. Blister ordered.

June 24th.—He has been suffering more or less since last note; he is thin and looks haggard from want of sleep; pulse 56; bowels costive; urine normal; he has a reducible scrotal hernia of right side for which he wears a truss. Ordered a dose of castor oil.

June 25th.—After the patient had been brought under the influence of chloroform an incision was made down to the bone, along the posterior border of the ramus from the articulation to the angle; this was afterwards extended anteriorly to the notch for the facial artery. The soft parts were then separated from the bone, when it was observed that the surface of the ramus presented no unusual appearance and that the tumour was of the soft parts. On examination it was found that what had been considered merely indurated tissue was a hard fibrous-like tumour well defined, superficially but firmly attached to the ramus in its whole extent (from which it had been separated), and to the zygoma. From this tumour the superficial parts were carefully dissected without opening into the mouth and its remaining attachments to the bones separated. The facial and one or two small arteries which had been cut were torsioned. At one place only, viz.: over the anterior border of the tumour, were any fleshy fibres of the masseter observed. On careful examination of the surface of the ramus, a small opening or cloaca, which merely admitted a probe, was detected; after this had been enlarged by the bone forceps, the probe was passed anteriorly and loose bare bone felt. The opening thus made was again enlarged and a small cavity or cyst, situated a little anterior to the angle laid open, in which lay horizontally a wisdom-tooth with its crown directed backwards, the tooth the fang of which is partially cariesed, was removed; the edges of the wound were then brought together by silver sutures.

Only 3 vi. of chloroform were used, though the patient had been kept fully under its influence for an hour. The anæsthetic was administered by Dr. A. Rosebrugh, of Toronto, according to his method.

On the 28th about an ounce of fetid and sero-purulent matter was pressed out of the original sinus. By the 29th his pulse which had been 80 on the 27th, had fallen to 60. On July the 1st the stitches were removed, about one half inch of the wound has united by immediate union, the rest by primary adhesion.

July 3rd.—There is no discharge from the sinus. He has been going about the house for four or five days and has not felt any pain in the part since the 30th of June; his appetite is excellent and he now sleeps for six or eight hours continuously; for one year previously to the operation he never slept more than two or three hours at a time except when under the influence of opium.

Sept., 14th.—Patient has been working steadily for the last six weeks and has not suffered in the slightest; the paralysis of the left side of face, resulting from the division of the portio dura, is not so marked as it was two months ago.

This case is interesting in two respects, viz.: that the misplaced wisdom-tooth did not give the patient any inconvenience till its death, which in all probability, was caused by the frost bite, and that long continued irritation, altered the character of muscular tissue to that of fibrous.

I take this opportunity of thanking Drs. Macdonald, A. Rosebrugh, Mullin and Reid, for their presence and assistance at the operation.

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*Surgical Cases occurring in the Island of Newfoundland.* By WILLIAM ANDERSON, M.D., C.M.

In the hope that it may be interesting to my Canadian brethren, I have resolved to offer a short summary concerning surgical practice here for the pages of the Canada Medical Journal.

Case 1. J. S., aged 36, fisherman, disease of right elbow joint of several (probably seven) years standing. Joint fixed in a semiflexed position, very painful when moved.—Limb very much swollen with thickened and glistening integuments—Several ulcers on the surface and a few sinuses, one or two very near the wrist—Probe detects diseased bone. Violent nocturnal pain relieved by blistering. Excision of whole elbow joint (two inches of humerus.)

April 17th, 1868. After treatment conducted with the assistance of pillows only. Then able to follow his occupation and also to take charge of horse and coal cart, handle a gun and such like, within three months after the operation.

Case 2.—Graer C., aged 38, mother of five healthy children.

*Elephantiasis Arabum* affecting left lower extremity, began twelve years ago during a pregnancy (2nd child). No history of any disorder

pertaining to her condition at that time; disease originated in foot. Greatest circumference of limb and apparently fullest development of disease in lower third of leg, the skin of which, immensely overgrown, hangs down round the ankle joint like the folds of a rhinoceros' hide. Measurement at this point 34 inches circumference. Further up as far as groin 30 inches on average. Towards the groin, skin more natural in appearance, but with several points of its structure more thickened than others, lumps in fact. Skin of groin natural, that of gluteal region probably healthy.

Aug. 2nd, 1868. Ligature of external iliac artery. In this operation I have great pleasure in acknowledging the kind and efficient assistance of my friends, Dr. Thos. Howley, now of St. John's, and Mr. Geo. N. Whelan, students of McGill College, Montreal.

Four days after the operation the limb had decreased remarkably in circumference, measuring 24 near the ankle instead of 34 inches, and the other parts of the leg and thigh were proportionally smaller. Diminution, by smaller stages, continued for six weeks, when the greatest measurement, 34 inches previously, was 15 inches, but four inches greater than the circumference of the lower third of the sound leg. After this the limb began to enlarge again, and in November last it was nearly as large as it was before the operation. No trouble was experienced with the wound, which had cicatrized at the end of a month, from the time of the operation; the ligature came away at the end of the third week. The dressing was rag wetted with water and covered over with compresses of flannel which, with the pressure of the bed clothes, were an efficient support for the wounded abdominal wall until it had healed.

*Remarks.*—I scarcely know how to account directly for the diminution that took place, for except in the upper part of the thigh where it became a little more pliable than it had been before the operation, there was no remarkable change in the condition of the skin; the thick masses about ankle joint could be moved up and down, or from side to side but still they were just the same masses and their texture was not more natural. It seems to me probable that the vessels of the cellular tissue, previously much increased in supplying capacity, had become much diminished in that respect, and that as soon as the circulation had become collaterally re-established they had regained that power, so that the case became as bad as ever. It is perhaps possible that a more thorough check upon the circulation, such as might be produced by tying the common iliac might so starve the new growth, if it may be so called, as to lead to its absorption and then that of its supplying vessels and thus produce a result of more lasting character. But when one thinks of the

comparatively small per centage of recoveries after ligature of the common iliac artery it seems barely justifiable to put a patient to the risk; the operation would be not more noble than a vivisection. Besides any one who has seen a fully developed case of Elephantiasis like the one in question can scarcely avoid the feeling that it is an incurable disease.

Case 3.—Richard P., aged 68.

Epithelioma of lower lip of several years standing. Outer angle of mouth slightly affected with the disease which involves nearly the whole lower lip.

Nov. 1st.—Excision of the whole diseased structure, by V incision. This completed, the point of the incision was carried down under the point of the chin. Then two incisions were made at right angles along the lower border of the jaw as far as the facial artery of each side. The soft parts were then raised from the jaw forming two flaps which were turned upwards and brought into opposition in the middle line by sutures and needles, the edges of the V incision forming each a half of the new lip, the upper edge of the right flap was stretched to the raw surface of the upper lip. Patient able to leave his bed, with everything healed by the eighth day.

May, 1869.—The disease has returned in the glands of the left side of the neck and about the left ramus of the jaw. It first shewed itself last month. There was no sign of secondary deposit at the time of the operation.

Case 4.—J. M., aged 24.

April, 1869.—Thumb of right hand blown away at the second joint and the ball of the same thumb split, torn, and worried by gun powder. A transverse split of the integuments on the palmar aspect of the right index finger near its root. A small artery bleeding freely was secured by acupressure, then pure carbolic acid was thoroughly applied to every hole and corner of the wounded structures. After this a crust formed, in the usual way, of lint steeped in blood; carbolic acid was then applied and covered with tin; the crust was painted with solution of acid, one, to four of oil, every second morning for a fortnight, when the crust was removed. The wound was nearly healed, no pus was to be found, and a surface of beautifully healthy looking small florid close-set granulations was found on all the portions not cicatrized. There was no constitutional disturbance whatever from first to last and almost no swelling of the hand.

Case 5.—W. W., aged 20, May 2nd, 1869.

On the 28th April, patient was wounded by the accidental explosion of

a gun on board a sealing vessel. The charge consisted of large slugs commonly used in seal shooting, known as S. S. G. and struck patient after carrying away part of the muzzle of a gun from which it glanced. Blood is stated to have *spouted* from the patient's thighs rather profusely immediately on his being wounded. Four days after the accident patient arrived home and I then found the condition of parts as follows: Near the centre of Scarpa's triangle of the right thigh were three shot holes, close together and quite over the course of the femoral vessels, with a considerable amount of thickening of the cellular tissue and some swelling, to which pulsation was strongly communicated. On applying the stethoscope a very harsh loud bruit was perceived, and a slight thrill was communicated to the finger placed over the vessel lower down. On the front and outer aspect of the same thigh, lower down, there were eight or nine more holes, probably produced by shot which had glanced round under the integuments and were extracted from the back of the thigh. On the front of the left thigh in its lower third were three or four holes. Corresponding slugs were extracted. No hemorrhage took place after that previously referred to and when I first saw patient his wounds were covered by poultices made of biscuits soaked in water. I applied lint and meal poultices for four days in order to clean the wounds and in the hope of getting rid of the thickening of the cellular tissue, and then began the use of a permanganate of potash lotion. At the same time, as a precaution against bleeding from the right femoral artery, which I feared might take place any time if any of the shot should have hit the vessel at the point where the bruit was audible and bruised it sufficiently to cause sloughing, I adjusted a tourniquet. Three nights afterwards, on the eleventh after the injury, patient coughed, when there was a whiz and the blood spouted almost as high as the ceiling of the room in which he lay, the tourniquet was at once screwed up tight and the hemorrhage ceased. (This tourniquet consisted of two pieces of stick and a black cotton neckerchief.) Next day not feeling quite well, I made arrangements for an operation, impressing upon the young man's attendants the necessity of great vigilance. Further hemorrhage took place, and I may remark that when a tourniquet was tightly applied over the course of the vessels there was rather abundant venous bleeding from the shot holes. On the thirteenth day after the injury the femoral artery was cut down upon and tied above and below a wound in its side, close by which a slug was found lying. This suggested to my mind the probability of its having originally lodged there, encroaching on the calibre of the vessel and giving rise to the bruit, and that on ulceration ensuing, it had fallen out and permitted hemorrhage. Great difficulty was expe-

rienced in finding the vessel owing to the parts around it being in a softened friable condition and from rather profuse venous bleeding.

I have much pleasure in acknowledging the kind and efficient assistance of my friend Dr W<sup>m</sup>. Fraser of Bay Roberts.

Reaction was complete the morning after the operation and the patient did well for five days. On the sixth pyæmic symptoms showed themselves and on the night of the seventh he died.

Brigus, Newfoundland,  
July, 1869.

## REVIEWS AND NOTICES OF BOOKS.

*On Chronic Bronchitis, especially connected with Gout, Emphysema and Diseases of the Heart; being Clinical Lectures delivered at the Middlesex Hospital.* By E. HEADLAM GREENHOW, M.D., Fellow of the Royal College of Physicians, &c., &c. Philadelphia: Lindsay & Blakiston Montreal: Dawson Bros.

The lectures which form this volume of between two and three hundred pages, were originally published in the London *Lancet*, and have been issued in book form at the suggestion of many of the author's friends. The interval between the delivery of some of them, was such as to render it necessary to repeat at the succeeding lecture, some of the facts noted in the previous one. This Dr. Greenhow states could not be removed in publishing without injury to the argument of the individual lectures. Their object is to show the peculiarly wide and intimate relations which Bronchitis has with other diseases, both of the lungs and of other organs, and with several of the commonest forms of Dyscrasia to which the human frame is liable. After alluding to the more common causes of Bronchitis, such as exposure, vicissitudes of temperature, damp, the inhalation of fine grit, dust, &c., as seen among the operatives of large manufactories Dr. Greenhow says:

"I am well assured, from long and ample observation, that Chronic Bronchitis is sometimes the direct consequence of some constitutional vice, apart from any external exciting cause. In confirmation of this opinion, I may remind you that Bronchitis, although more prevalent in the colder season of the year, is by no means peculiar to it; and in some cases even has a definite tendency to recur periodically in summer instead of winter; and usually in such recurrence to be associated with some constitutional disorder."

In attempting to prove this assertion our author had notes of all cases of Bronchitis, occurring in the Middlesex Hospital, accurately taken; and excluding all cases of what might be termed Senile Bronchitis, there remained ninety-six others. Of this number, it was only practicable in sixty-six cases to obtain accurately their previous history. Of this number thirty-six, or more than half of them, had at some previous time suffered either from Gout or Rheumatic Fever, or from some form of gouty or rheumatic affection. Three other patients had been subjects of Psoriasis or Eczema, which Dr. Greenhow thinks are frequently the result of a gouty taint. A large proportion of the volume is occupied with the clinical records of forty-seven cases, which are reported in a very clear and practical manner. Each case is reviewed, and the salient points, both in the diagnosis and treatment brought out. We can recommend the volume, as being a useful and practical one.

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*Pennsylvania Hospital Reports, Vol. II.* 1869. Philadelphia: LINDSAY & BLAKISTON; Montreal: DAWSON BROS.

This volume has been in our possession some time, and should have been noticed sooner; but a desire to study, as closely as possible, its contents, induced us to postpone what remarks we might have, till the present issue. In size it is somewhat smaller than its predecessor, but its contents will bear comparison with it. Dr. Hewson contributes the first essay "On the Influence of weather over the results of Surgical operations." This is a paper upon which has evidently been bestowed a very great amount of labor. It is based upon the records of all the "immediate" amputations which have occurred in the Hospital from 1830 to 1860. By "immediate" amputations is meant amputations—the result of injuries—when the operation was performed within twenty-four hours after the patient's admission. The number 259, and the meteorological condition of the atmosphere at the time of each operation, as recorded by Dr. Conrad at the Hospital, is noted. Of the cases operated on during the winter months, over twenty per cent. were fatal; of those during the spring about the same proportion. During the summer 23 per cent. were fatal, and in the autumn less than twenty. The subject is an exceedingly complex one, and Dr. Hewson's paper, while we award it considerable merit, has but touched we believe upon the threshold. We question, however, even with further investigations, whether we are going to be able to gather any practical deductions. Even if decided that a certain Barometric condition of the atmosphere is most favorable for operations, how many could we afford to let wait till such a condition occurred; cer-

tainly not one of the 259 immediate cases, upon which Dr. Hewson bases his paper could have been so held back.

The second article is a statistical account of the cases of urinary Calculus operated on in the Pennsylvania Hospital, from 1756 to 1868 by Dr. Morton. Up to the year 1800 only eleven cases of stone were admitted and operated upon, and all terminated successfully. Since then one hundred and thirteen cases have undergone operation. The number is exceedingly small, when we take into consideration the large number of patients admitted during that time (about 83,000). Lateral perineal section was resorted to in nearly all the cases up to 1836, when lithotrity being brought prominently before the Profession by M. Civiale, it was introduced into the Hospital by Dr. Randolph. Of the total 124 cases, 110 underwent the operation of lithotomy, and 14 that of lithotrity; up to 1858, 96 cases were received with a mortality of 14, all these cases were operated upon in nearly every case without any anesthetic. Since then 15 cases have been operated upon and 4 deaths have occurred. This greater mortality is due, Dr. Morton says, to pre-existing visceral disease, as shown by the post mortem records, and not in any way to any unfavorable influence of the anesthetic. The average duration of time under treatment in Hospital in cases of lithotomy was 61 days, and in cases of lithotrity 76 days. This paper is interesting in a statistical point of view.

Article 3, is from the pen of Dr. Da Costa on the therapeutics of Acute Rheumatism, based upon a series of cases treated by the bromide of ammonium. The unsatisfactory nature of the treatment of Rheumatism lead us to read this paper with considerable interest. While we cannot say that we have had all our expectations corroborated, we admit that it does Dr. Da Costa great credit, and that it is a valuable contribution to the treatment of Acute Rheumatism. We all know the sedative action which the bromides exert over the nervous system, and it was this fact which induced Dr. Da Costa to prescribe them. Believing that he noticed good results to follow their administration, he prescribed them in all cases that came under his observation. The dose given varied from 10 to 20 grains, well diluted, every three hours, and then every second, the medicine not being given as a rule during the night. Thirty cases are recorded, and tabulated and in noticing the effect of the remedy upon the heart, Dr. Da Costa says:—"We perceive that not a single one had Endocarditis originating under treatment; in not a single one was it met with. I allude to decided Endocarditis, as usually recognised by its murmur and other signs in which it had not existed at the time of the patient's admission into Hospital; and in not a case did signs of Cardiac trouble exist at the end, unless they had been present in a marked manner at the outset. To these 30 cases I may add five similarly treated elsewhere and recover-

ing without any affection of the heart. One of these in which the bromide was the chief remedy used occurred in a person with a feeble flabby heart, in whom the attack of Rheumatic Fever was very severe." Some of these cases exhibited a condition which Dr. Da Costa thinks has escaped observation, and which he believes is not unfrequent—namely, a lengthening and dull, indistinct character of the first sound, especially marked towards the apex. This lengthening may pass into a murmurish sound at the end of the first sound. In rare instances he found the first sound short and indistinct rather than lengthened. This condition he has found where the heart's action was unusually rapid. He believes it to be due to slight or abortive Endocarditis. We quote again: "on the whole the result is very favorable as regards the prevention of Cardiac affections, particularly of Endocarditis, and would show that even on the already existing disease the remedy has an influence. If such be the case, it will prove an important addition to our Therapeutic means—for all other questions in Rheumatic Fever are secondary. \* \* \* I think their action on the disease underated. \* \* \* As to the mode of action of the bromide of ammonium on the disease we can only offer a conjecture. It may be partly by its sedative action on the nervous system and circulation; partially as an eliminative, particularly as a diuretic that it is efficient. And if it be claimed for the bromides that they are anesthetic to the nerves of the mucous membrane, and depressors of their action, may not their influence on serous membranes be the same." The well known reputation which the author of the paper has, lends to it additional weight. Who can tell but that the bromide of ammonium may yet exert an influence on Acute Rheumatism equal to what the bromide of potassium does in Epilepsy. If it even exerts the influence over Cardiac complication, which Dr. Da Costa's remarks would lead us to infer, it will be a remedy of untold value.

The fourth Essay is by Dr. J. H. Hutchison, on Intracranial Aneurism; a tabular statement of thirty-three cases is given, and brief particulars concerning fifty-one others. The difficulty in forming a diagnosis in such cases, will be understood, when we say that of this large number only one was diagnosed previous to death. This paper is interesting but we do not see that we can gather from it, any hints which will render the diagnosis of these affections more easy in future.

Next follows a very long and searching paper on Oblique Fracture of the Clavicle, from the pen of Dr. Edward Hartshorne. A number of the instruments in use for this fracture are described; not all we are glad to say, for they are innumerable, and if collected we are sure would fill a good sized museum. In the Pennsylvania Hospital, as far as possible all patients with this fracture are kept in the recumbent position for two

weeks, with but little apparatus; usually nothing more than an arm sling. The leading idea seems to be that the true *point d'appui* for the reduction and setting of a broken clavicle, is the lower two-thirds of the scapula and that pressure should be made behind the chest, and not in front or through the humeral articulation by the arm or elbow. This is theoretically carried out in a certain degree by the recumbent position, but Dr. Hartshorne thinks it may yet be possible to contrive some apparatus which will have the desired end in view. This would be a boon, for strange to say, and in this Dr. Hartshorne bears his testimony, that in this fracture it is all but an impossibility to get any one, old or young to keep the supine position for any length of time.

Dr. Ashhurst contributes a valuable paper upon excision of the hip joint, giving the notes of a case (with two illustrations) upon which he had operated with success, being the first successful case in Philadelphia. The patient was a child  $4\frac{1}{2}$  years of age, suffering from recent hip joint disease. About two inches and a half of the femur was removed. The operation was a good deal facilitated by the head of the bone being already dislocated from the acetabulum, which presented but little evidence of disease. No effort was made to remove what was diseased, it being left to the recuperative powers of nature. With the exception of several severe attacks of diarrhoea, the patient progressed admirably. Dr. Ashhurst follows this case by giving a table of 242 cases of excision of the hip with results, and attempts to prove by this extensive table, the local character of the disease. We cannot, however, admit that he has proved his case, and no one who has watched closely cases of hip joint disease, which have come under his observation, but must admit the constitutional character of the affection.

The history of two cases of cerebritis, one from an unknown cause, the other traumatic, recovery under active depletion, is an instructive and interesting paper from the pen of Dr. J. Forsyth Meigs. There was a long interval between the cases, the first one occurring in 1838, the next in 1868. Considering the great difficulty in the diagnosis of such cases, one is inclined to look upon them with suspicion, but after reading the report carefully, we are inclined to exclaim with Dr. Meigs, if they were not cases of cerebritis, I know not what they were. He thus considers the principle symptoms. "The severe local headache, the vomiting, the constipation, the intellectual failure, the convulsions, all prove some serious tissue change of the cerebrum, and as both patients recovered entirely, it is fair to suppose that the lesion was that which, for the want of more accurate knowledge of its true nature, we are still obliged to call inflammation."

It is exceedingly interesting to contrast the treatment in the two

cases. The patient admitted in 1838, was bled from the arm three times in as many days; also cupped four times in the same number of days. In all, within a week eighty ounces of blood was taken from him. He was purged with jalap and cream of Tartar, had small doses of calomel, with blisters to the nucha and legs, and had ice to the head. The last patient (1868) was bled twice from the arm, and cupped four times losing about forty-eight ounces of blood. He was trephined, in the hope of finding depression of the inner table, but without success. The internal treatment was small doses of calomel and rhubarb; Dr. Meigs thus contrasts the two cases.

“Thirty years had elapsed between the two cases, during which time I had seen and felt the decline of blood-letting and the sway of restorative medicine. I believe the reform against indiscriminate and profuse abstraction of blood, has been a wise and useful one, but doubt whether it has not been too radical. It has become evident indeed within a few years that the Profession is disposed to review its complete condemnation of blood-letting. Certainly the success which followed the use of the means in the two reported cases, seems to show that in acute cases of this class we may well hesitate before we abandon the use of this powerful agent.”

The character of Dr. Meigs renders his opinion of great value. There is no question that in acute inflammation some are now disposed not to be bound down by the dictum of Bennett. Indeed lately the latter has admitted his belief in bleeding as a remedy in uremic coma.

There are a number of other very valuable papers, several upon Physiological subjects, which we would like to notice, but our space forbids, and we must close. Before we do so, we must speak in terms of the highest praise of the very beautiful manner in which the volume has been brought out by the enterprising publishers. In this respect there is nothing to be desired.

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*The Physician's Visiting List for 1870.* Philadelphia: LINDSAY & BLAKISTON; Montreal: DAWSON BROS.

We have to thank the publishers for a copy of this little book. In its praise we cannot say too much, for it is certainly the most complete thing of its kind that we know of. We would not be without it for ten times its cost. It has a complete Register for every day in the year, General Memoranda, Obstetric Engagements, Vaccination Engagements, &c., &c. We strongly advise every practitioner to obtain a copy.—Price \$1.25, \$1.50 and \$1.75, according to the number of patients it is arranged for.

*A Guide Book of Florida and the South for Tourists, Invalids, and Emigrants, with a Map of the St. John River.* By DANIEL G. BRINTON, A.M., M.D. Philadelphia: George Maclear, 719 Sansom Street; Montreal: Dawson Bros.

This little volume is styled in the preface, "unpretending" and in some respects we fear that its unpretending character, detracts from its usefulness. In other words we regret that Dr. Brinton has not given fuller details in many portions of the work, where we feel that the subject is too hurriedly glanced at. Much of the information given is gathered from the author's personal experience, and we certainly feel that he has ability sufficient to give us a really valuable work upon a subject concerning which we regret to say the majority of the profession are profoundly ignorant. Still, such as it is, we hail its appearance with pleasure, as it gives a good deal of information which cannot fail to be of service to any who may contemplate a change of climate. It is clear and distinct in its directions as to routes, and in the matter of hotels, some hints of value may be had. Part 3, Chapters to invalids, contains many good hints, and is the most practical and valuable portion of the book. He glances briefly (too much so) at the various diseases benefited by a change of climate, putting, of course, in the foremost rank, Phthisis Pulmonalis, which he avers, even in the stage of excavation, is in many cases curable. Certainly even in desperate cases, we have seen signal benefit from a change of air, the disease being apparently completely arrested. To select the proper climate for each case is a question of some moment, and Dr. Brinton, at page 120, gives a few good hints. On the following page he says: "And here I must say with all deference that the ignorance and carelessness of physicians in reference to this matter of climate are at least reprehensible. Few of them make any distinction in cases. Thus it happens that the most eligible climates gain a bad reputation. This is chiefly the fault of the physician. When a doctor recommends a climate, and yet is unable to tell you its temperature, its moisture, its prevailing winds, its seasons, its local diseases, its articles of food, its water, its mineral springs, its accommodations for travellers; beware of him. He is a dangerous counsellor; these facts physicians must know to advise wisely."

The last chapter of the little volume is a brief summary of the meteorology of the various Southern resorts, especially as regards the variations of the thermometer, and the character of its prevailing winds. He concludes by stating that the most agreeable climate in the United States is to be found on the south-eastern Coast of Florida, where the winds are warmed by the Gulf Stream, and lessened in violence by the woods of the Peninsula.

## PERISCOPIC DEPARTMENT.

## Surgery.

ON THE SCARIFICATION OF THE GUMS OF INFANTS IN DENTITION.  
BY DR. CAIRNS.

One evening, towards the close of last session, when a number of the Edinburgh Obstetrical Society exhibited an improved instrument for scarifying the gums of infants, and when several members began to express their opinions—some in favour of, and some against the operation—it was suggested by Dr. Keiller that I should, at some subsequent meeting, bring up a paper on the subject which might serve as a basis for general discussion amongst the members. Such is the origin of the paper; and its object being, as I have stated, simply to elicit an expression of the opinions and experience of the members in reference to the operation, it must necessarily be comprised within a smaller compass than perhaps the importance of the subject demands. And in order to render the discussion which may ensue as exhaustive as possible, I shall consider the subject under the three following points of view:—I. Does scarification do any good? II. Does it do any harm? III. Is it in the circumstances warrantable?

I. Is scarification in dentition productive of any beneficial result? If it is so, in what do its good effects consist? The advantages alleged to accrue from the operation, as contained in the several works which I have consulted, may all be summed up in the following:—first, the relief of local pain; and, second, the prevention and arrestment of convulsions, laryngismus stridulus, diarrhœa, etc., etc.

1. Scarification, according to its supporters, relieves local pain. Conceding meanwhile that this assertion is true, let us inquire into the grounds on which the assertion rests. Now it certainly cannot rest on the declaration of the little patients on whom the operation is performed because they have not yet acquired the power of speech—a circumstance, indeed which renders the treatment of the diseases of children in general of a very difficult and unsatisfactory nature, preventing them as it does from correctly indicating either the precise seat of their sufferings, or the actual effects of the remedies employed. Well, if the allegation is not, and cannot be founded on the ground I have mentioned, it must in these circumstances be altogether and entirely of an inferential character. Now, the value of inferences is purely determined by the character of the data from which they are drawn. If the data are true, the inferences may be valid or they may not; but if the data are not true, the inferences must, as a matter of course, be utterly worthless.

In the present case, then, what are the data from which it is inferred that scarification is productive of relief from pain? These data will, I think, be found on inquiry to consist in the tense, tumid, and congested condition of the gums. The matter stands thus: the gums, in the process of dentition, being in a tense, swollen, and inflamed state, are painful; and by relieving the tension, tumidity, and congestion by means of incisions, you thereby relieve pain. This, I opine, is a correct and fair statement of the case. Well, now, I demur entirely to the alleged fact, that in the *ordinary* process of dentition the gums are either tense or swollen. It is quite true that there exists over the site of the approaching tooth an evident fulness; but this condition is caused, in all ordinary cases, by the presence of the tooth itself. The tissue overlying the tooth is not put into a state of strain by the tooth as the term *tensity* would lead one to suppose. No such thing: against such tension nature makes full and ample provision, by causing the superjacent gum to undergo gradual absorption in proportion to the growth of the tooth itself. The tooth is not *pushed* up, it *grows* up; and as it increases in growth, so do the overlying tissues become absorbed, thereby rendering tension impossible. Neither is there swelling in the ordinary sense of that term, because nature guards effectually against the infiltration of serum, by causing the growth of the tooth to be sufficiently slow, so as to give the vessels concerned abundant time to accommodate their calibre to the circumstances by which they are surrounded; and if a true swelling does in any case actually form, that is to be regarded simply as an accidental occurrence, and to be treated, of course, as it would be in ordinary circumstances, but it is in no wise essentially connected with the process under consideration. If, therefore, there is neither tension nor tumefaction, scarification is useless as a means of relieving pain, so far as regards the alleged disturbing influences of these two conditions. But what of inflammation? Simply this, that by abstracting blood from an inflamed part, you do not in the least degree either reduce or modify the inflammation. The part continues to be as red, as hot, and as painful as before. Nor do I hold it of much consequence to be told that the child has become more quiet after the operation, and must therefore have obtained relief by its means; because, unless its advocates are prepared to prove the result to be invariable—which they are not—I am fully entitled, in the circumstances, to assume, that such relief may have followed in spite of the operation, just as many patients have been found to recover from certain diseases in spite of the very questionable treatment to which they may have been subjected.

2. Scarification is alleged to prevent and arrest convulsions, etc., etc.; Now, as a prophylactic remedy, the operation can only be admissible

under certain conditions:—1st, On the ascertained fact, that convulsions are an invariable accompaniment of dentition, 2d, That the operation uniformly, or at least generally, prevents their occurrence. The question, therefore, is, do these conditions hold? I affirm they do not, and on the following grounds; because convulsions, so far from always coexisting with the process of dentition, do so in reality in a very small proportion of cases. They constitute, in fact, not the rule, but the exception. And further, the object sought has in general not been attained; that is to say, convulsions have just as frequently followed as they have preceded incision of the gums. So much for the preventive; and as regards the alleged curative agency of scarification, several questions naturally suggest themselves:—

(1.) Does it necessarily follow that dentition is the real exciting cause of the convulsions, merely because the latter happen to be concurrent with the former? Every one, I daresay—even the most zealous advocate of the operation—would unhesitatingly answer in the negative, when the question is put in this pointed and direct manner, nevertheless, I am rather inclined to think that there exists in the minds of most practitioners a strong predisposition to attribute every case of convulsions which occurs in a child within two years old to the so-called cutting of a tooth, and to that alone, unless other causes are so manifest as can hardly escape notice. Nor is the reason of this far to seek; for, in the first place, it is universally admitted by every member of the profession, that dentition may, and does occasionally, induce convulsions; in the second place, there exists a strong tendency in the human mind to connect certain effects with their most commonly received causes, whether true or false, and this circumstance has always operated in a very special manner in the minds of medical men.

(2) A second question which suggests itself is, Has a recurrence of the convulsive fits, which happen to take place during dentition, always been prevented by scarification? An affirmative answer to this question would justly be held quite conclusive, at least as regards the particular circumstances referred to; but, unfortunately, I have not been able to find any one, within the compass of the research which I have made, who ventures to give the desiderated answer. On the contrary—unlike those who dogmatically proclaim, as an infallible remedy for this and that disease, this and that specific, which no other than themselves have ever been able to verify—even the most strenuous supporters of scarification allege nothing more than simply that, after the operation has been performed, the convulsions have ceased to recur only now and again.

(3.) And this brings us to a third question; viz., Whether, in those cases in which convulsions have ceased after the application of the lancet

to the gums, the use of this instrument is to be regarded as the real procuring cause of their arrestment? Now, I do not by any means venture to say that it is not. This were too audacious by a great deal; but I do say, and without the least hesitation, that there exist more abundant data from which to give an answer in the negative than there do from which to give one in the affirmative. What, we ask, are the grounds on which the scarificator is employed? Because, say its advocates, after being applied, convulsions occasionally do not recur. And that is really the only answer which can be given. Very good; but when they are again asked, if they can affirm with certainty that the use of the lancet has been the actual and sole means of stopping the convulsions, they feel obliged to be somewhat more cautious in the answer which they give. Their reply then is, It may be, or it may not be—we cannot absolutely say which. Well, in these circumstances, we must be excused for expressing our humble opinion that the greater probability is, that it has not been so; first because the use of the lancet has just as frequently been followed by the recurrence of the convulsions as by their discontinuance; second, because their non-recurrence may have been a mere matter of coincidence and nothing more. It is well known for example, that in different children convulsions differ, both as regards their number and duration. In one child there is often only one convulsive attack, sometimes of short, and sometimes of considerably long duration; in another, we often find two, the one either following the other in close succession, or at a longer interval. Sometimes we find three, and so on; but when they are dependent on dentition, or other local irritation, they always prove of a self-limiting character. Suppose now, that in either of these cases you incise the gums, and that, after doing so, the convulsive attacks cease to return, are you entitled to give the credit to the lancet? If you say yes, I maintain that in the circumstances I am equally entitled to say no: because in all probability the convulsions had entirely ceased before the gums had even been touched by the lancet.

The same arguments which have been employed in the case of convulsions apply equally to the other diseases which I have mentioned as concurring with dentition, and, therefore, I may pass them over without further notice, merely adding that, although diarrhoea is perhaps one of the most common comitants of dentition, it seems somewhat strange that scarification should be so seldom practised, or even recommended for arresting that most debilitating of all the ailments to which infants are liable.

II. Having considered the beneficial, I now proceed to notice, in the second place, the prejudicial effects of scarification.

1. And here I allege, in the first place, that it is injurious, because it impedes the process of dentition. During the last few days, I have asked several professional brethren with whom I have come in contact, who approve of the operation in question, for what reason they do so? and the gist of the answer which I have received from each has been this: "Because," say they, "the lancet does at one stroke what nature would require a considerable time to accomplish to let the tooth through." And this quite accords with what we find in some of the books. Now, we aver the opposite. We aver that the use of the lancet, instead of rendering dentition more easy, makes it in reality more difficult. And here we must observe, that, in scarifying the gums, three different modes have been recommended—1<sup>st</sup>, by making a single incision; 2<sup>d</sup>, by making a crucial incision; and 3<sup>d</sup>, by making an elliptical incision, and removing that portion of the gum which overlies the tooth. Well, if either of the first two methods is adopted, in nine cases out of ten you have speedy reunion of the lips of the wound, thereby leaving matters exactly as they were before. If, as recommended by some, you go on repeating the incisions, you have just the same result following; thus rendering it extremely difficult for us, at least, to perceive how the approach of the tooth can be facilitated in the least degree by these means; while at the same time, the hard cicatrix which has been formed must require longer time to become absorbed as the tooth approaches than the soft natural tissue of the gum. If the wound heals by ulceration,—and by this process it must do so, when the third method is employed,—you do certainly obviate thereby the absorption of the gum, and thus seem to assist nature. But this, after all, is more apparent than real; because absorption is undergone not only in that portion of the gum which lies over the summit of the tooth, but also in the portions towards its sides,—portions, be it observed, which are left altogether untouched. But even although these portions were also removed, the truth of our averment would, in our opinion, be only strengthened thereby; and in this way, because you would thus expose a greater portion of the tooth to atmospheric influence,—premature exposure to which, by the removal of its natural covering, would give a material check to its growth and development. Consider, also, that by the operation, simple though it seem, you give a greater or less shock to the nervous system of the infant,—and it is universally admitted that an infant at this period is in a state of high susceptibility, that you excite more or less inflammation, thereby increasing the suffering and irritability of the little patient; that you cause the loss of a certain quantity of blood, of which a child is highly intolerent, and particularly those children on whom the operation is performed, being generally of delicate and strumous habits;

that you aggravate the painful condition of the gums, thereby rendering sucking a difficult operation, and preventing the infant from obtaining a proper supply of nourishment. Consider we say, these circumstances and the injurious effects which they must necessarily produce on the general constitution, and through it on the growth of the teeth, rendering that process, as they must do, unusually tedious and slow.

2. We allege, in the second place, that it may lead to fatal hæmorrhage. We are not in a position to state how often this result has followed from the operation; but if all the cases which have occurred had been recorded, and were collected, they might be found to amount to no inconsiderable number. At all events, it is well known that such cases have occurred, and, indeed, it is only very recently that a case of this nature was reported to this Society by one of its members. To this, however it may be objected—1st, That in those cases in which the child has died from loss of blood, the incision may have been made too deep; our reply is, that the incision is recommended to be made deep, so deep as to reach the tooth. 2d, It may be objected, that fatal cases may only have occurred in those children which happened to have the hæmorrhagic diathesis; we answer, that even although this were granted, you cannot discover whether this diathesis is present or not, until you make the incision, when the discovery is too late. 3d, It may also be objected, that the risk alluded to occurs so seldom that it needs not act as a deterrent; to this we reply that the untoward result under consideration having happened even once or twice, renders it at least possible that it may also occur in the very case in which you are about to operate; and moreover, should it do so and should you tell the parents on inquiry that you were aware that such an event might possibly occur, I rather fear that the parents would not hold you altogether blameless in the matter, and that they would bear you a secret grudge ever after.

3. I allege that it tends to perpetuate a custom which, to say the least of it, is of a doubtful character. Probably one of the main reasons why the operation is so generally performed is, not in reality from the good effects which are expected to ensue from it, but because it is usually done in such circumstances. Others do it, and, in order not to appear singular or culpable, I must conform to the general practice, whether the issue should prove favourable or the reverse. In this way did the treatment by blistering, bleeding, and violent drugging become transmitted from generation to generation,—age after age,—producing, as it is now universally allowed to have done, the most direful results. And in the same way has been handed down the operation in question, which, though uncertain and doubtful in its results, continues to be in high favour and general use as a time-honoured custom. On this point, however, we do not enlarge, but proceed, as was proposed, to inquire.

III. If, in the circumstances, scarification is justifiable? We allege that it is not. 1. Because it inflicts unnecessary pain. The objection, observe, is not grounded on the fact that pain simply is caused to the child. Such an objection were absurd; because, although the medical practitioner holds it to be one of his prime functions to relieve pain, in many cases he can only fulfil that function by employing remedies which are themselves of a pain-giving nature. But this is not the question. The question is, am I warranted in employing a remedy which, so far as can be ascertained, does not relieve the pain which it is intended to do, and which remedy is itself painful both in its application and results? I maintain that in these circumstances I am not justified in doing so, and particularly when I remember the effects which scarification on one occasion produced in my own person. For it so happens, that when, some years ago, my last wisdom-tooth was making its appearance, the late Professor Miller, at my own urgent request applied the lancet over it, but the result was, that instead of experiencing relief from the operation, it kept me, on the contrary, in a state of the most extreme suffering for days to come; the remedy, in short, having proved a thousand times worse than the disease.

2. It superinduces some of those very conditions which it professes to remedy. I allude in particular to tension, tumefaction, and inflammation, the relief of which, it will be remembered, was alleged as a reason why scarification should be performed. On that occasion, I simply endeavoured to show that the treatment recommended, had no rational grounds on which to rest; I now go a step further, and aver that scarification actually produces these results. Inflammation it must and cannot but excite; because, in virtue of a well-known physiological law, wherever you occasion a breach in living tissue, more or less inflammation results in order to repair the breach which has been made. Again in an inflamed part there is always more or less swelling, owing to the pressure upon the veins, which causes the exudation of serum into the surrounding cellular tissue. And, lastly, there is tension; because whether the scarified part heals by the first or second intention, there is in either case, contraction of the tissue, and consequent tension, if an unyielding structure like the tooth lies underneath.

I shall not be so bold as to affirm that scarification actually excites convulsions; but, considering the extreme sensitiveness of the gums, and the highly nervous condition of the child in some cases of teething, I do think that that operation is abundantly sufficient to act as an exciting cause of them. And it is certainly a fact, that there are some parents who will not allow the gums of their infants to be incised on any account,

because in the case of former children, they have observed the operation to be followed by convulsions; and parents are very acute and often very correct observers in reference to the ailments of their children—a fact which renders their testimony in such matters of no inconsiderable value.

3. At the best, it is a mere experiment. This, I think, cannot be denied, with whatever view the operation may be performed, whether to relieve pain, or whether to arrest convulsions, or any of the other symptoms which have been mentioned as coincident with dentition. If you perform the operation to relieve pain, you do so simply as an experiment, because, in the first place, you do not know if the pain from which the child appears to suffer is due to the state of the gums at all; it may depend upon causes totally different. In the second place, granting that the gums *are* the prime source of the irritation, how do you know that the *part* of the gum which you incise is the real seat of the pain? You perceive a certain portion of the gum to be somewhat prominent, and find at the same time that the child gives certain expressions of suffering and you thereupon immediately leap to the conclusion that the pain is occasioned by that particular part of the gum. Are you *certain* that it is so? You are not; you cannot be. The *greater* probability is, that the irritation is entirely due to the growth of a tooth, which, owing to the early period of its development, gives no indication whatever of its appearance. In the third place, even although you could hit exactly upon the precise tooth which caused the pain, how do you know whether it is the *superficial* or radical part of the tooth which gives rise to the pain? Whoever has suffered from tooth-ache, must know that the pain in *many* cases arises from the *root* of the tooth, and not from the crown, showing that the former is just as likely to be the seat of pain as the latter; and, consequently, that in scarification, the object sought will most probably prove altogether abortive, and therefore out-and-out experimental.

And as regards convulsions, etc.; scarification of the gums is a thousand times more doubtful in its results than as regards the relief of pain. Who can deny on how many occult causes such phenomena may actually depend? But simply because a child happens "to be getting its teeth" while a convulsive fit occurs, the convulsion is at once attributed to the state of the gums. The gums are forthwith lanced, and if the convulsions cease, the lancet gets the credit; if they do not cease, *as in general théy do not*, the lancet nevertheless is extolled as having done all that could have been done to avert bad consequences. But now, allowing scarification to be nothing more than an experiment, is it or is it not justifiable? To this I reply, that it is only justifiable on certain grounds.

An experiment is not justifiable, 1st, When there is no essential connexion between the disease and the alleged cause for the removal of which the experiment is made. 2d, When it has repeatedly failed to produce the desired result. 3d, When it is likely to be more injurious than beneficial. These points, however, I simply state without enlarging upon them, having already greatly exceeded the limits to which I had restricted myself.

Dr. Burn said he could not coincide with Dr. Cairns in his views. Every one must have noticed that when the gums are tumefied, lancing gives relief, and it was the duty of the practitioner to relieve distress. He did not believe in the great difficulty of treating children; and there was one circumstance which was favourable, and that was, that children could not deceive us. He had frequently seen great benefit derived from scarification, and never saw any evil results.

Dr. Sidey agreed with the observations which had been made by Dr. Burn. If mischief ever followed the operation, it was likely to occur in cases where scarification should not have been practiced. There was one mode of lancing the gums which Dr. Cairns had not alluded to—namely, by cutting across the lower margin of the gum. He had repeatedly seen great relief follow scarification.

Dr. Pattison said that, in his younger days, he scarified a great deal more than he did now. Still, when he thought a child was suffering, he did it still, and often saw much benefit from it—never any evil consequences.

Mr. Priddy said that, in the case of one of his own children, he had seen scarification produce the best effects, and he had seen cases in which convulsions ceased after the operation.

Dr. Ritchie remarked that Dr. Cairns had not said anything to convince him that scarification was an unwarrantable operation. He had seen convulsions relieved by scarification. Dr. Cairns had not given any instances of convulsions following upon lancing the gums. He was somewhat doubtful as to dentition being a cause of severe diarrhoea. At that time children were usually in a feverish condition, and were constantly thrusting things into their mouths, such as pieces of hard bread, etc., which if swallowed would produce looseness of the bowels. Then as to hæmorrhage, some information as to whether the child was liable to bleeding might be obtained from the vaccination.

Dr. James Young said he could not agree with Dr. Cairns in almost anything he had advanced. The benefits of scarification he thought were very great, The relief to pain was often most marked by the child ceasing to cry after the operation. Sleeplessness, restlessness, and fretfulness were often all got rid of by the simple operation. He did not

think that lancing the gums gave any shock, and he had seen many cases of convulsion occurring in teething, in which the fits were checked by scarification. It was imperative in cases of convulsion to give every relief we had in our power, and there should be no waiting to see what nature was going to do. At the same time, he thought that it was wrong to scarify too early, and deep cutting of the gum was not good. He had never seen convulsions follow scarification.

Dr. Aitken agreed with many of the remarks made by Dr. Cairns, Indiscriminate scarification, he thought, was a bad thing, and he was convinced that it was too much practised. At the same time, he thought that lancing often relieved tension, and pain, and congestion. If the abstraction of blood from the gums did not relieve congestion, then what was the use of bleeding in congestion of other organs, such as the uterus? He agreed with Dr. Cairns that if performed too early, scarification impedes dentition.

Dr. Macdonald said, that, like all thorough reformers, Dr. Cairns went too far. He thought, however, that his leanings were in the right direction. For, although he had seen much good from scarification, still he was inclined to think that it was practised too much.

Dr. Fraser differed from Dr. Cairns on almost every point of importance. In his own personal experience he had received much benefit from scarifying the gums. He was sure that if the cases were judiciously selected, the remedy would never disappoint. The diarrhoea of dentition he had sometimes failed to arrest till after lancing the gums. He could not agree with Dr. Ritchie in his views as to the cause of the diarrhoea, but was of opinion that looseness of the bowels during teething might be caused just as salivation is often caused.

After a few observations from Dr. Bryce and Dr. Cappie, Dr. Cairns replied.—*Edinburgh Medical Journal.*

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## Medicine.

### THE ALKALINE TREATMENT OF RHEUMATIC FEVER. BY DR. FULLER.

Notwithstanding recent discussions, more or less sceptical as to the curative effects of treatment in rheumatic fever, we find Dr. Fuller repeating his assurances of the success of the alkaline method. He thinks other modes of treatment have either no effect, or, as in the case of the blistering treatment, are attended by great pain and some danger. He insists, however, that his plan should be properly carried out, and gives special directions for this purpose, which are chiefly as follows:—Alkaline treatment implies not merely the administration of salines and small doses of

alkalies, but the exhibition of alkalies or the neutral salts in full and repeated doses,—adequate to produce alkalinity of the urine, if possible, within twenty-four hours. “And, first, as to the alkali and neutral salts which should be selected, and the dose in which they should be given. Practically it matters little whether soda or potash be given, or whether the alkali be free or combined with any of the vegetable acids; but ammonia and its salts do not fulfil the indications for treatment so often referred to, and fail to exercise any influence over the course of the disease. Experimentally, I have given a solution of  $\mathfrak{v}$  ij. of carbonate of ammonia every three hours, rendered effervescent by the addition of  $\mathfrak{z}$  ss. of citric acid; and I have continued this treatment for eight consecutive days without any apparent result, beyond that of rendering the pulse rapid and weak, and ultimately causing the patient to vomit; the urine remained intensely acid, and usually loaded as at first: the perspiration quite as sour and profuse, and the rheumatic pains just as severe. But I have repeatedly tried the experiment of giving soda alone and potash alone; I have given the carbonates of each alkali alone, and the neutral salts of each alkali alone; and I have also given both the free and the neutral salts in every variety of combination. The only difference I have been able to discover between these various methods of medication is, that the stomach is usually more tolerant of the remedies in their neutral form than when they are uncombined, and that to some persons potash proves less nauseous than soda; but inasmuch as when the stomach is unduly acid a free alkali will accomplish what a neutral salt will not, and inasmuch also as soda forms an important element of the blood, and may be fairly presumed to induce certain changes which would be imperfectly effected by potash alone, my usual practice is to combine the two alkalies, giving a certain proportion of both in the form of neutral salt, but adding a few grains of the carbonate of one or other of them in a free state. A favorite formula is the following, viz.  $\mathfrak{z}$  ss. or  $\mathfrak{D}$  ij. of the acetate of potash together with  $\mathfrak{z}$  jss. of carbonate of soda dissolved in  $\mathfrak{z}$  iij. or  $\mathfrak{z}$  jv. of water, rendered effervescent by the addition of  $\mathfrak{z}$  ss. or  $\mathfrak{D}$  ij. of citric acid, or  $\mathfrak{z}$  j. or  $\mathfrak{z}$  jss. of lemon juice.\* The result is the administration of acetate of potash and citrate of soda with about  $\mathfrak{z}$  ss. of uncombined carbonate of soda. In most cases this draught is well borne by the stomach, and, if repeated every four hours, will render the urine alkaline within twenty-four hours, but in severe cases it may be necessary to give it every three

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\* If the bowels are torpid, I vary the form of this draught by prescribing  $\mathfrak{z}$  ss. or  $\mathfrak{D}$  ij. of potass. tartrate of soda instead of the acetate of potash, and tartaric acid instead of the citric acid.

hours, for if administered less frequently the urine will sometimes remain acid until after the lapse of thirty-six or even of forty-eight hours, and thus the heart will be exposed for so much longer to the risk of inflammation. In exceptional cases the amount of acid formed is such as to resist the effect of these doses of alkalis for three or even four days, but experience has taught me that this happens only when the liver and bowels are sluggish; therefore, whenever I find the tongue furred and yellow, and the urine acid after the alkalis have been administered for forty-eight hours, it is my practice to administer three grains of calomel—guarded by opium if the bowels are loose—or in combination with colocynt if the alvine discharges are scanty and deficient; and in either case the urine commonly becomes alkaline directly a free secretion from the bowels has been set up.

“As soon as the urine has been rendered alkaline, whether at the end of the first, second, or third day of treatment, the alkaline draught is repeated every six hours only; and if on the following day it still retains its alkalinity, the medicine is given twice only in the twenty-four hours. If that dose suffices to keep the water alkaline for two days more, quinine or bark is given in combination with half or less than half of the alkali contained in the former draught; and as the tongue clears and the symptoms subside, the quantity of the alkali is cautiously diminished until a simple quinine draught is taken. Meanwhile, when the tongue has cleared satisfactorily, a little fish or meat is allowed in addition to the beef-tea or broth to which the diet had been hitherto restricted.”

The chief objects to be accomplished, and the errors to be avoided, are thus summarily stated and commented on:—

“The first object is to alkalinize the system as *speedily as possible*, with the view of obviating inflammation of the heart. This can usually be accomplished in twenty-four hours if alkalis are given in sufficient quantity; and inasmuch as alkalis do not cause depression, so long as the urine remains acid, they may be given to any amount which the stomach will tolerate until alkalinity of the urine has been produced. In order to prevent their rejection by the stomach, it is advisable to give them in a state of effervescence; and with a view to facilitate their absorption, it is expedient to dilute them largely with water. Secondly, as soon as the urine when freshly voided shows an alkaline reaction, the quantity of alkali should be reduced to the lowest limit which is consistent with the safety of the patient—to the point of just keeping the urine neutral or slightly alkaline—for alkalis administered in large doses and at short intervals when the urine is alkaline, are apt to prove extremely depressing: and from what I observed in two cases to which I was called

in consultation in private practice, in which potash had been so administered for many days prior to my seeing the patients, I am inclined to think they may even prove fatal to life. Assuredly, if given beyond the necessities of the case they retard rather than accelerate the patient's recovery. Thirdly, my aim being to carry the patient through his attack with the least possible loss of strength, and to restore the tone of the system as soon as circumstances will admit, I combine quinine or bark with the alkali as soon as it is found that two doses of the alkaline mixture in twenty-four hours suffice to keep the urine alkaline—a fact which proves that the force of the disease is broken. This point is usually reached about the fourth, fifth, or sixth day. Fourthly, it being most important to prevent the recurrence of malassimilation, and so to obviate a recrudescence of the disease, the diet should be restricted to broth or beef-tea until after the tongue has fairly cleaned. If the patient is weak, a little brandy-and-water may be taken, though practically I find that it is seldom needed, and feel sure that in most instances it retards recovery, and that the patient is better without it. But the desire for solid food returns long before the power to digest it, and there is nothing of which I am more convinced than that improper alimentation during the progress of the disease is the most common cause in private practice of its protracted duration; and that, whether in private or hospital practice, a piece of meat taken a day before the tongue has cleaned and the stomach is in a condition to digest it, not unfrequently proves the cause of a serious relapse. I have so often tried this experimentally in the wards, for your especial behoof, that there can be few of you who have not had the opportunity of satisfying yourselves on this point from actual experience."—*St. George's Hospital Reports.*

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#### BROMIDE OF POTASSIUM IN TYPHUS FEVER.

Isaac G. Porter, M.D., of New London, Conn., (*Am. Jour. Med. Sciences*), advocates bromide of potassium in combination with sulphate of morphia in solution in the perilous stage of typhus or typhoid fever. That stage so well described by Graves, when in the latter part of the disease, "subsultus, long-wakefulness, muttering, raving, delirium, cold perspiration, and involuntary discharges," show exhaustion of the powers of life and approaching dissolution. The condition is atonic, and forbids everything which is in its nature depressant or destructive to the tissues; and yet in such cases it is that, in the absence of a better remedy, the eminent Graves recommends the use of antim. et potass. tart. in large doses, with opium.

Few practitioners have the temerity to recommend the use of antimony at a juncture in disease so critical and dangerous as the one referred to. In such cases musk was formerly resorted to, and more recently, camphor and chloroform, taken internally, have been used; but there is reason to believe that the bromide of potassium, in combination, is more safe, effective and salutary. He says in combination, for it doubtless acts partly by its own powers and partly by modifying the action of opiates and antispasmodics, the different articles aiding each other in the production of the good result.

He cites cases showing that the effect of the remedy was obvious and triumphant. The bromide of potassium was given in  $\mathfrak{D}$  j. doses, combined with sulph. morph. gr.  $\frac{1}{3}$ , in solution, on three different occasions, in each case at intervals of three hours.

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CASE OF COMMENCING TRAUMATIC TETANUS, CURED BY THE USE OF BROMIDE OF POTASSIUM. BY DR. BRUCHON.

We merely give an abstract of this interesting case:—A workman had fallen into a tub of acidulated and boiling water,—he had severely scalded nearly the whole of his left leg and thigh. Other less severe scalds existed on the right leg, thigh, and flank. After applying carron-oil over the whole extent of the scalded surfaces, the limbs were enveloped in cotton wadding. It was afterwards seen that the scalds varied in severity, from the second to the fourth degree.

I gave him soothing potions, advised him to avoid chills; and for some days, though the pain was severe, all went well, and the burns were slowly healing.

About twelve days after the accident, I found him at my morning visit covered with a cold sweat, with oppressed breathing, and a rapid but weak pulse. He told me that during the night he had several times felt startings in his left heel, so severe as to make him cry out, and which extended up the foot and leg in the form of cramp, and made him spread his toes like a fan or a pigeon's tail. At the same time his jaws were firmly closed, and even during the intervals he could not open his mouth as before; in fact, he had trismus. On trying to explain this dangerous complication, I found that the patient slept in a room by himself, but left the door open at night, in order that his brother might hear him when he called. The nights were cold, and by the morning he had been chilled.

I advised him to keep his door shut, and gave him a powerful opiate. Two days after, all the symptoms were aggravated, and the trismus so marked that the patient could not masticate.

I now was in difficulty as to treatment. Twice already, in similar cases, I had failed with opium and chloroform. I now determined, after a purge, to give bromide of potassium a trial. The purge produced no alteration of the tetanic symptoms, so next day I ordered that 60 grains of the bromide should be taken during the course of the day. This was followed by slight improvement, but on the third day the spasms again returned with even greater intensity than before. I added 15 grains to the daily dose every two days till it had reached 120 grains, after which the disease first became milder, and soon completely disappeared. While taking the salt, his complexion, always dull, became of a bistre hue. There was no cutaneous eruption. When, as he sometimes did, he swallowed his daily dose at once in the morning to get quit of it, its good effects were not so marked as when it was taken as directed in divided doses.—*Gazette des Hôpitaux*, No. 61, 1869.

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#### PREVENTION OF PAIN FROM BLISTERS.

M. Bricheateau states that he has found the hypodermic injection of from 5 to 10 drops of a solution of hydrochlorate of morphia (1 part to 50 of water), executed immediately before applying the blister, a most excellent procedure. When the blister is good it begins to rise in from three to five hours, and, as the effect of the morphia lasts for six or eight hours, all pain is prevented during the process. In some persons, whose skins resist a blister more than ordinarily, the injection may be delayed for an hour after its application. By this means when a blister is applied at night, the patient, so far as it is concerned, may still enjoy his night's rest; and sensitive persons are saved much suffering, for example, in the case of the application of blisters to the hypogastric region in young women. The dressing a blister also requires attention. No greasy substance should be applied; but having left as much of the raised epidermis intact as possible, this should be emptied of its serum by a broad clip with scissors, and, after it has sunk down again on the dermis, a thick layer of wadding should be applied. This is to be left on for two days, no other dressing being required. Cicatrization may also be hastened by the following contrivance: Cut a good-sized hole in the centre of the blister before applying it, and this central untouched portion greatly expedites the healing of the denuded zone which surrounded it.—*Ibid.*, from *Bull. de Therap.*

# Canada Medical Journal.

MONTREAL, OCTOBER, 1869.

A case which we think will be of interest to our readers in a Medico-legal point of view, was brought before a coroner's jury on the 5th inst., at Stratford, Ontario. We shall refrain from any comments on the case because, owing to the position in which the Medical attendant found himself placed, he made no statement before the coroner, and without this we think it would not be fair to him to criticise his treatment or conduct. The facts therefore as given by the relatives of the deceased are briefly these : Dr. Hyde of Stratford, began attending a Mrs. Horne of the same place, in the beginning of April last, for a swelling in the abdomen accompanied by periodical hemorrhages from the uterus. She had already borne a family, was nursing at the time, and did not consider herself pregnant. Almost all the ordinary signs of pregnancy were wanting and the Doctor pronounced against this supposition, being under the impression, after attendance for some time, that the case was one of Hydatids of the womb. The treatment pursued consisted in general tonic and supporting measures and checking the bleeding when it occurred. However, one day in the latter part of August the patient was seized with regular labour pains, and gave birth to a foetus supposed to be between the 4th and 5th month. The convalescence was good and rapid, and she was allowed to get up on the 7th Sept. Shortly after she noticed some return of the swelling over the region of the uterus, and the hemorrhage recurred. On the morning of the 21st September, she got up apparently quite as well as usual and was visited in the middle of the day by Dr. Hyde, who proposed to use an injection into the uterus; this, after some hesitation, owing to the absence of her husband, was agreed to. The injection, her mother states, was said by the Doctor to consist of one part of Tr : Ferri Mur, and four parts of water. It was administered by means of a gutta-percha tube introduced through a speculum. *Immediately* upon the fluid passing into the cavity of the womb, she was seized with agonizing pain in the lower part of the abdomen, on the right side, accompanied by most alarming collapse. Stimulants were freely given, but vomiting soon set in and continued to increase until it was

constant; the pain remained, tenderness soon became marked and general and finally on the evening of the 22nd September she died. A consultation with Dr. Jos. Workman of Toronto was held on the morning of the same day. The friends of the family, shortly after demanded a coroner's inquest. Three practitioners from a distance and entirely unconnected with the case were summoned to make the autopsy. The result we give in their own words: " Uterus 4 inches in length by  $2\frac{1}{2}$  inches in width between the Fallopian tubes; walls thinner than usual in uteri of that size, especially on the right side; os sufficiently dilated to admit the forefinger with difficulty, and healthy. Cervix normal. Upon the right side of the uterus, about one inch above the cervix, an opening was found from  $\frac{1}{4}$  to  $\frac{1}{2}$  inch in length. In the neighbourhood of this opening upon the external surface, the tissues were blackened and friable. Cavity of uterus healthy but dark in color. Vagina natural." Besides these there were also the usual signs of peritonitis. The questions of course arise: how and when was this rent in the uterus made? The solution of this point, with the evidence only of relatives before us, (Dr. Hyde as before stated having said nothing) we look upon as a rather difficult problem. None of the medical men who made the post-mortem examination would venture an opinion on this point except in so far as that they agreed that it could not have been produced by the instrument used. The verdict of the Jury very properly throws no blame whatever upon Dr. Hyde.

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" IS TRICHINIASIS NECESSARILY FATAL?"

In the London *Lancet* of Sept. 25th, at page 446, appears an Editorial Annotation, headed " Is Trichiniasis necessarily fatal?" From the tenor of that article we are led to believe that the writer is under the impression that the disease Trichiniasis is invariably fatal. We need hardly tell our readers that such views are not born out by experience. The opinions of German writers who have made researches on this subject, go to prove that although Trichiniasis is a disease in which the life of the sufferer is very much imperiled, yet that cases of recovery from the disease are common. The disease is so frequent in Germany, that Zenker asserts that he found Trichinæ in one out of every thirty-four bodies inspected by him. Längenbec removed a fibrous tumour from the neck, during the operation the sterno-mastoid muscle was exposed, he observed several whitish calcareous points on the muscle and some of them he secured, and in each he found Trichinæ. On inquiry he learned that years before, his patient had suffered from symptoms of Trichinal disease, from which he had recovered. Other cases of similar authenticity are on record; indeed the very discovery of the worm by Mr. Paget, was in a patient who

had evidently suffered from the disease and had recovered. We would not deem it worth while to notice this annotation of the London *Lancet*, were it not for the fact that the report of the Montreal cases of Trichiniasis first appeared in the pages of this Journal, and if that report is carefully perused no unbiassed reader who has studied the history of the disease can doubt the correctness of the diagnosis.

With regard to the presence of Trichinæ in the muscles of two of the patients, (who are yet in the flesh, though still far from enjoying robust health,) there is no question of doubt, as we ourselves removed a minute portion of muscular tissue from their legs, and in both instances found the worm and it living. Portions of the muscle so removed we still possess preserved in glycerine, and the parasite is still visible and capable of isolation. So that the cases in Montreal, in spite of the doubts of the Editor of the London *Lancet*, were cases of genuine Trichiniasis and yet in this October, eight months after the ingestion of the affected ham, the patients still live, and are likely to still remain alive for eight months longer.

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#### POISONED BY HAIR DYE.

According to the Philadelphia *Medical and Surgical Reporter* of the 11th of September, Dr. J. W. Witherwax, one of the most respected physicians of Scott County, Iowa, died on the 15th June last, from the effects of using a hair dye containing lead. He was in the habit of using the dye daily upon his head and whiskers, and for some time previous to death he suffered some pains, similar to those produced by lead colic. A *post mortem* was made, and an analysis of the liver and kidney—revealed the presence of lead in each of these organs. The use of hair dyes, especially those containing preparations of lead, and nearly all of them do, is by no means devoid of danger.

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#### CENTRAL DISPENSARY, TORONTO.

There has been established in the heart of the city of Toronto, in the very midst of a class of people who are unable to employ medical attendants, a Dispensary for the benefit of the sick poor. The medical officers are Drs. Canniff, Giekie, J. W. Rolph and Barrick. The Victoria Medical Faculty are the promoters, and material is selected from this source for the purpose of Clinical Instruction before the students in the lecture room. The Dispensary has been in existence but a few months, yet already the number who have obtained relief counts by hundreds.

## MCGILL UNIVERSITY.

The Medical Session of this University was opened on the 4th of the present month. The introductory lecture was delivered by Doctor George W. Campbell, Professor of Surgery and Dean of the Medical Faculty, and was an able exposition of the Medical legislation of this country for the past thirty years. Having been an active member of the Profession during all that time, no one was better able to give a clear account of the various movements which have taken place in the Upper Province, for the incorporation of the Profession; no one, certainly, would give a more just and impartial one. His animadversions upon the present Ontario Medical Act, were such as might have been anticipated from Dr. Campbell's well-known views with reference to any recognition of Homeopathy or Eclecticism. That his expressions found favor is proved by the fact that this portion of his lecture was enthusiastically applauded by the students, more than half of whom are from the Province of Ontario. He also alluded to the discussion which is now going on with reference to the best method of medical instruction, and expressed his adherence, after an experience of over thirty years as a Medical teacher, to the system of lectures. On this subject few are better entitled to express an opinion, certainly none in Canada, and we are glad that he has spoken so decidedly. We publish the lecture among our "Original Communications."

The attendance of students is large, being, we believe, somewhat in excess of last year. A course of Practical Chemistry has been established under the direction of Dr. Gilbert Prout Girdwood, which, although not yet embraced in the curriculum, will be so, we hope, before another session.

This is the last session which will be held in the present building in Côté Street, the authorities of the University having decided upon erecting on the University property, Sherbrooke Street, a building adapted in every way for the purpose for which it is intended. It is expected that the foundation will be laid this fall, and that it will be ready for occupancy next session.

## THE MEDICAL DEPARTMENT OF VICTORIA UNIVERSITY.

The regular winter session of this Medical School was opened on Friday evening, October 1st, by an Introductory Lecture delivered by Prof. Canniff, who fills the chair of Surgery.

The Hon. Dr. Rolph occupied the chair. The learned lecturer was surrounded by the members of the Faculty and Professional friends from a distance, whose interest in the school attracted them to the opening

lecture. The subject of Professor Canniff's Introductory, was "Truths and their Counterfeits," and when we say that the lecture was replete with matters of curious interest, and practical knowledge, as well as full of the best advice to which a Medical class could listen, we do simple justice to the learned lecturer, whose abilities and sterling worth are so well and widely known. The attendance of students this session is large being very little under one hundred which, when the uncertainty caused amongst students by recent legislation in Ontario, is taken into account, indicates how high the School stand in public estimation. An addition has been made to the staff of lecturers by the appointment of Norman Bethune, B.A., M.D., Edinburgh, M.R.C.S. Eng. and F.R.C.S. Ed., to the chair of Anatomy, and of A.M. Rosebrugh, M.D., as Clinical Instructor on Ophthalmic and Aural diseases.

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#### THE MONTREAL SCHOOL OF MEDICINE.

This School has removed to large and centrally situated premises on Craig Street, and the winter session was opened under the most auspicious circumstances, on the 5th of October. The number of students in attendance is large.

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#### PRIMARY MEDICAL EDUCATION.

We notice that four medical gentlemen of the city of Hamilton, some of whom, at least, are connected with the Hamilton Hospital, have associated themselves together to offer a course of regular medical instruction. As we understand their announcement, their object is not to take the place of the course of lectures demanded by the Medical Council of Ontario, or any University but to assist, or to prepare young men engaged in the course of study; especially to meet the requirement of the Medical Council, that candidates shall have compounded medicines for one year. We would not deny that much information of a practical nature may be obtained by remaining with a private practitioner say for a year; but we know that young men too often spend the time in enjoyment, rather than earnest labour. We consequently think that a course of summer instruction, such as announced by the gentlemen referred to will prove very beneficial.

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#### ABORTION IN ENGLAND:

One Henry Timson, who is described as a Surgeon at Woolwich, has been sentenced to ten years' penal servitude for feloniously producing abortion at the eighth month of pregnancy in the case of a girl 17 years of age. The seducer of the girl, who took her to Timson, was sentenced to seven years' penal servitude.

The following singular case is copied from the September number of the *California Medical Gazette* :

A. A. C., attempted suicide at 1 A. M. on the morning of Thursday, August 12th, by shooting himself with a Deringer pistol, the weapon having been placed in the mouth and directed upwards. The ball passed through the palatine process of the superior maxillary bone, and crushed to the extent of its own diameter the base of the vomer, when its progress was arrested. It then fell back through the right nostril into the pharynx, was swallowed and discharged per anum by the action of a purgative, on the morning of the 14th inst. The hæmorrhage was profuse; he must have bled at least 50 or 60 oz.

The supposition must be, that a large portion of the powder with which the pistol was originally loaded, had escaped by the sides of the ball before it was discharged, thereby protecting the patient from instant death.

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#### NEW RESEARCHES IN CEREBROSCOPY.

M. Bonchut, we learn from the *Union Médicale*, has just presented to the Academy of Sciences of Paris, through M. Dumas, his researches on Cerebroscopy, which he has offered for competition for the Montyon Prize in Medicine and Surgery. He epitomizes his conclusions as follows :—

“ The diseases of the spinal cord, such as acute myelitis, spinal sclerosis, locomotor ataxy, &c., produce usually a congestive lesion, and subsequent atrophy of the optic papilla.”

“ The lesions of the optic nerve produced by spinal disease are the result of a reflex ascending congestive action and they take place by the intercommunication of the great sympathetic.”

“ The presence of an hyperœmia of the optic nerve of a vascular diffusion over the papilla, and of a partial or total atrophy of this part coinciding with feebleness or numbness of the legs, indicates the existence of acute or chronic disease of the spinal cord.”

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#### AMPUTATION OF A LION'S TAIL UNDER CHLOROFORM.

The *Madras Times* says :—“ We mentioned the other day the severe injury sustained by one of the young lions at the park from a mauling of its tail by one of the tigers in the adjoining compartment. At first there was reason to believe that no dangerous results would follow, but on Friday evening it was judged necessary that a portion, if not the whole, of the tail should be removed. Mr. Pritchard and Dr. Miller were requested to undertake the operation, which was successfully performed on Saturday morning by Dr. Miller under chloroform, of which five ounces

were used, and the tail was removed close up to the stern. At one time during the operation the animal was to all appearance dead, and did not breathe. The chloroform was stopped, and Dr. Miller went into the cage and commenced briskly rubbing, so as to inflate the lungs, a plentiful supply of water being also poured over the animal. After a brief interval he showed signs of life, and the remainder of the operation was completed, and after a little time the cub was sufficiently recovered to walk about the cage. This is, we imagine, the first and only instance of a lion having his tail cut off under the influence of chloroform.

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### MEDICAL NEWS.

Dr. William E. Bessey, who has been located in Montreal for a few years past has recently removed to Guelph, Ontario, having acquired the residence of the late Dr. Parker, M.P. Dr. Bessey carries with him the best wishes of his friends for his success in his new sphere.

Mr. Lister, late Professor of Surgery, in the University of Glasgow has been appointed Regius Professor of Clinical Surgery in the University of Edinburgh, in room of Professor Syme, resigned.

The London *Medical Times and Gazette*, of August 14th, in an article on the Ontario Medical Bill says: "A more stupid and dangerous piece of Legislation was never carried out."

Dr. Kraus, the editor of the *Allgemeine Wiener Medizinische Zeitung*, against whom an action was brought a short time ago by Dr. Billroth, for having erroneously attributed to him (Dr. Billroth) the leaving of a piece of sponge in the abdomen of a patient after ovariectomy, has been sentenced to pay a fine of 100 florins, or to undergo twenty days' imprisonment with costs.

The *Lancet* says toothache can be cured by one drachm of collodion added to two drachms of Calvert's carbolic acid. A gelatinous mass is precipitated, a small portion of which, inserted in the cavity of an aching tooth, invariably gives immediate relief.

Dupuytren left a fortune of one million dollars. He received from Baron Rothschild \$20,000 in a single fee, for the treatment of a fractured thigh.