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# THE DOMINION MEDICAL JOURNAL.

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## Original Communications.

### A CASE OF GASTRIC NEURALGIA CURED BY ARSENIOUS ACID IN VERY MINUTE DOSES.

By DR. BRAITHWAITE, C.M.,  
PRINCE ALBERT.

I will premise the remarks I intend to make concerning this case by stating the pleasure and interest I experienced on reading in the July number of *Braithwaite's Retrospect* the article on "Gastric Affections," by Dr. Leared, and his treatment by arsenic. As also the gratification I felt on seeing in a foot-note on page 202, the words, "We are fully aware that Homœopathy contains an element of truth. Shall we continue to reject that element merely because Hahnemann buries it in so much rubbish? I cannot believe so; and I think that the recognition of the *double action of drugs* might serve as a basis on which the two opposing schools might, ultimately, be reconciled. "A consummation devoutly to be wished." This foot note occurs in the course of an article on "Anconite," by Dr. Archibald Keith, of the Aberdeen Infirmary, and manifests a liberality of spirit too seldom, to our shame, met with in our profession. I shall allude to this want of liberality subsequently. And now to my case.

Mrs. C—, middle-aged, is the mother of eight children, ailing for years. Have known her for four years. Attended her in two confinements. General health: miserable. Martyr to deranged liver, bowels and stomach, accompanied with much pain in back, weakness and numbness in extremities. Suffered for years with cramps, periodically, at first every two or three months; latterly, the cramps were almost continuous, and seemed to concentrate their energies more especially about the region of the stomach. I have watched her case more closely for the last eighteen months, and can therefore quote from memory with more confidence. Prior to her last confinement, she suffered dreadfully from a continuous aching pain in her sides and back, with wandering pains over her abdomen; frequent cramps would at times seize her, causing her much suffering. She became *enciente*, and, in

my ignorance, I cherished the hope that altered circumstances might influence my patient for the better. But no! Her nocturnal sufferings were much aggravated, her cramps more frequent, her pains more numerous. I may state in this connection, that about the fifth month of pregnancy, and long after she had distinctly noticed motion in the child—all motion ceased, the contents of the womb would gravitate according to the position she assumed, and she distinctly stated (without being asked) that a sensation of coldness was quite perceptible. I examined by ear and finger, and was none the wiser. This state of affairs continued for *over one month*, and I was daily expecting to be sent for to remove a putrid child, when I was informed that motion had been again felt. From that time to the date of her delivery all went on well, so far as the child was concerned. A fine healthy girl lives to answer for itself. During the period above referred to there was no evidence of cessation to the general misery. Morphia was her sheet anchor. I had striven hard to get some substitute, but nothing else would answer. She could take two grains of the sulphate without inconvenience.

Again I was led to hope that after her confinement she would be better. Imagined that perhaps her peculiar condition might, peradventure, account for at least the aggravation of her symptoms. About this time the suffering appeared to show an inclination to concentrate itself more especially about the stomach and back, getting worse at night. Her appetite completely failed her. I was about overlooking the fact that for years her eyes have been adenomatous and watery, that she is excessively nervous, and has lived in a very low, marshy locality. All this summer she has had the same story to tell, "no better, Doctor," with the additional remark, that her stomach "felt as though some lizard or snake was gnawing and biting at it." Now, it might be asked, "What did I do?" I can answer by asking, "What didn't I do?" except give arsenic. Alternatives, tonics, sedatives, &c., had been exhausted, and I wished the woman safely out of my hands. A brilliant idea struck me. There was the bleared condition of the eyes, there was the dusky hue of skin, the foul tongue, the loss of appetite, the *periodicity*, the *marshy locality*, the fixed and peculiar gnawing pain in the

stomach, the numbness of extremities, and the failure of all else to afford relief. An idea, I say, forced itself upon my attention, and here it is. I desired to give her relief, and I was determined to find it. I cared little where it came from. There was a distinct homoeopathicity between her symptoms and arsenic, when given in small doses, and I gave arsenious acid in the strength of one grain to two ounces of alcohol. Dose—ten or fifteen minims, every four hours. The first dose relieved her, and before the bottle was nearly finished no trace or symptom of a relapse had followed. The medical gentleman who saw the case with me, met me subsequently. His first question was, "What did you give that woman? It positively is wonderful." I saw her last week, nearly two months after I first administered the dose; and the woman is getting fat, healthy-looking, and full of spirits. I had not seen Dr. Leared's article at that time. It was possible I might never have seen it or heard of it, and had I not, accidentally, had some very rough ideas of the Homoeopathic laws, and being liberally disposed, that poor creature might have been suffering yet, or dead. Why should so many of our profession be so illiberal and exclusive? Why turn up their noses when such and such a homoeopathic or eclectic drug is mentioned? Or, worse still, why cry down a body and yet use their drugs, as Podophyllin, Leptandrin, &c.? Why not grasp eagerly at anything which has gained for itself repute, and forget who discovered it (if necessary)? Let us be too anxious for our patients' well-fare, and too little solicitous as to the source from whence the means of cure originated. Are not as acute and deeply thinking minds to be found in any other path than Allopathy? Have the systems of Hydropathy and Homeopathy lived and grown into a hugh fabric, and yet are unable to claim a sound stick to rest on? Must we read eagerly, and believe religiously, all we meet with in our medical authors, accept their *ipse dixit*, with their too frequent obscurities and theories, and teach our students so? Still, at the same time, tell them that the result of the labors of other men, their painful mental toil, and the equally successful results in practice, all go for nothing; all must be looked upon as fanciful pictures, drawn by too lively an imagination, and in short, and simply, because a different theory guides them; because they cannot see everything as clearly from our stand point as we think we can; and, lastly, because we have enlisted under the banner of Galen, Hippocrates and Esculapius, and therefore were intended to fight against disease in general, but more particularly against the disciples of Hahnemann and Prissnitz, the leaders of Homeopathy and

Hydropathic systems. For my part, Mr. Editor, I care not from what system I take my medicines. All I aim at is the alleviation of my patients' sufferings. Can we imagine an illiberal M.D., who had been relieved from some excruciating agony by means of an Eclectic or Homeopathic drug, without his being aware of it, anxious to relapse at once into torture when told the source of the agent? I trow not. I was, indeed, delighted to meet so liberal a sentiment as I have quoted in the foot-note given at the early part of this paper, and sincerely hope it may thaw out the illiberal and narrow-minded opinions which so large a portion of my Allopathic brethren seem inclined to cherish.

#### A CASE OF POISONING BY STRAMONIUM, AND NOVEL WAY RESORTED TO, TO PRODUCE VOMITING.

By J. J. HILLARY, UXBRIDGE,  
Licentiate Medical Board.

On the evening of the 20th September I was sent for to see a man, J. P., aged 40, who the messenger stated had taken a tea-cupful of herb tea, made from an herb sent by a friend of his and recommended as a cure for asthma, to which he was subject. About five minutes after he had taken it he became "wild, and did'n't know any one." When I got to the house (in about ten minutes) I found him seated in a chair, leaning forward on his knees, shivering, staring wildly, countenance bathed in perspiration, pupils largely dilated, talking vaguely, and perfectly unconscious of surrounding objects, pulse 90 and full, hands and arms convulsed, every few moments legs unable to support his body, and dragged after him when we tried to get him to walk.

On examination of the herb it proved to be *Datura Stramonii*. The first thing to be done was an emetic. Mixed half a drachm sul. zinci in one ounce water, and tried to get him to swallow it, but he either could not or would not, although we held him and forced it into his mouth, holding his nose at the same time. As there was no stomach pump to be got, I took a No. 12 Gum Elastic Catheter, forced open his mouth, passed it down the oesophagus, and having ready a solution of sul zinc I took it into my mouth and squirted through the catheter into the stomach. In about twenty minutes he vomited freely, throwing up a quantity of stuff smelling strongly of "the herb tea." He remained in a state of stupor, with the convulsive movement of the arms, for about twelve hours, then fell asleep for six hours, and awoke scantly

but feeling "very queer," and complaining of his throat being sore and a difficulty in swallowing. His pupils continued dilated for several days, but when last I saw him he was quite recovered and very grateful.

### OF A CASE OF PARTIAL PLACENTA PREVIA.

BY ROBERT FOWKE, M. D.

District Medical Officer of the East London Union.

About one A.M., Nov. 9th, 1867, I was summoned by the union midwife to M. M—, aged thirty-five, residing at King-court, one of the most wretched places in my district, on account of ante-partum flooding. The patient had arrived at full time with her sixth child. She had enjoyed good health in her pregnancy, with the exception of a pain in the left hip during the latter months. Her five previous labors had been natural and quick. In this last pregnancy her work had been harder than heretofore, she having to carry heavy weights up and down stairs. A little before midnight of Nov. 8th she was awakened by a sudden gush of fluid per vaginam, without the least pain. She had no sudden excitement or unusual exertion during the preceding day. Finding that the escaping fluid was blood, she sent for the midwife, who found her standing up and gasping, and still profusely flooding. She was placed on the bed, some brandy-and-water was administered, and an unsuccessful attempt was made to ascertain the presentation. On my arrival I found her in a state of collapse—pale, cold, feeble voice, and almost pulseless. Fluid and clotted blood was still pouring from her, and "she had flooded a pailful." The presentation was so high that I could not make it out, until I had the whole hand in the vagina. The os was dilated to the size of the mouth of a wineglass. It was impossible without great and excessive violence to have got my hand through the os. I plainly felt the edge of the placenta reaching to the level of the posterior lip of the os, and the posterior portion of the cervix was clearly thickened by the attachment of the spongy mass. In front of this latter I detected the fetal head covered with the membranes. There was not the least uterine pain. Finding it impracticable to introduce my hand, I passed two fingers through the os, and completely detached the placenta, as high as my fingers could reach, from its cervical attachment. Immediately I had effected this all hæmorrhage ceased. I then gave one scruple of powder of ergot in brandy and water, and covered the poor shivering thing with what wretched means were at hand. There being no food in the house save bread and tea, I had some of the latter made, and in about half an hour's time gave her therein another dose of ergot. No pain followed. The woman had, however, wonderfully rallied, had become warm, talkative, and acquired a fair pulse. Although the membranes somewhat protruded through the os, I now determined, as there seemed no necessity to hasten or force labor, to watch and see what Nature could or would do. As a matter of precaution, previously plugging the vagina, I left her in charge of the midwife, who had soon also to leave, being sent for to

another case. I saw the patient again at five A.M. There had been no hæmorrhage and no pain. She was doing well. To continue her brandy, tea and sopped bread. At nine A.M. she obtained the necessary medical comforts. At two P.M. matters were still the same. As she complained of inability to make water, I removed the plug, which was scarcely stained with sanguineous discharge. She received four visits from the midwife during the day. At eleven P.M. I found her complaining of pain in the lower belly. This evidently depended on distended bladder, and was at once relieved by catheterism. The os was now more dilated and softer, and the head was just entering the brim. There were still no pains. In an hour after my visit to the patient pains came on, which the midwife on her arrival found well established. Nature had ruptured the membranes, the head was in the cavity, and completely through the os. A still-born male child was naturally expelled without the least return of hæmorrhage either before or after its birth, at between two and three P.M. of the 10th. The bones of the child's head were separated, the whole body was discolored, and the cuticle desquamating. Unfortunately no notice was taken of the appearance of the placenta. The woman did perfectly well.

*Remarks.*—This case very forcibly illustrates the implicit reliance which may be put on the ability of Nature (when properly assisted) to terminate a case of placenta previa. The italicised portions of the above description sufficiently indicate the several physiological and therapeutical points so ably laid down and combated by Dr. Barnes, in his Lettsomian Lectures for 1857. I believe the case more than establishes his views, inasmuch as, having full command of the patient, I determinedly resisted the very great temptation of rupturing the membranes.—*London Lancet.*

### FUNCTIONAL HEMIPLEGIA.

[This case resembles one which we noticed in the Montreal General Hospital, under the care of Dr. McCallum. Treatment is of little benefit in these cases.]—ED.

Dr. J. H. Kidder, Assistant Surgeon United States Navy, reports in the *American Journal of Medical Science* for January, 1868, two cases of functional hemiplegia:

CASE 1. *Progressive locomotor ataxia; partial insanity; left hemiplegia; death*—Wm. K., coal-heaver, aged 30, born in Ireland; admitted into the Naval Hospital, Philadelphia, September 12, 1866, as affected with "partial paralysis." This patient was wounded during the first attack on Fort Fisher, in December, 1864. He was at that time in the marine corps, serving on the U. S. S. Juniata. His statement is, that while engaged in loading the 100-pounder pivot gun of the Juniata, the piece exploded, the concussion rendering him unconscious, and one of the fragments of the gun fracturing the right tibia. He was finally discharged from the service; reshipped for duty at League Island, in November, 1866, and has performed light duty until within a few days past, when he

became unfit for duty. [Indorsement upon Hospital ticket, dated September 8, 1866.]

September 15. Patient undersized, dark and rather spare; intellect cloudy, and memory much impaired. He contradicts himself frequently when questioned, and can give no reliable account of himself or his symptoms. Speech thick, but not unintelligible; gait tottering; tactile sensibility diminished, particularly on left side. His wife states that he has occasional attacks of raving mania, during which he is quite violent. Physical examination detects no organic disease of viscera. Complains of pains along the spine.

20th. For some days past patient has shown a childish malice, annoying the servants of the house, and deriding the complaints of other patients. Last night he had a paroxysm of violent insanity, yelling and throwing himself against the walls of the room in which he was confined. Was quieted at length by valerian and morphia. He refuses to take any medicine, and will avoid swallowing with much cunning, unless carefully watched.

October 3. Had another paroxysm last night, similar to the previous one, but less violent; no systematic course of treatment has yet been adopted.

11th. Ordered R.—*Strchnia*, gr. j; *mic. panis*, q. s. ut fit. pil. No. xv. S. One three times a day.

23rd. Discontinue pills, no advantage having followed their use.

November 7. Continues to be exceedingly troublesome, annoying all the inmates of the Hospital. For the past two weeks he has been growing more feeble, although still able to get about; is also losing his speech, being far less intelligible than at date of admission.

16th. Complains of scalding in micturition; glans penis found to be inflamed, especially about the meatus; shirt stained with semen. He has to be carefully watched to prevent unseemly exhibitions of safficity. R.—*Gum, camphoræ*, gr. x, Ft. pil. No. z. S. Twice a day.

23rd. More reasonable and orderly; continue pills one per day.

December 7. Blindfolded the patient and found him unable to stand without support. On attempting to walk he moves his legs and arms spasmodically, and with an entirely disproportionate degree of violence, tottering and sprawling about. Notwithstanding, however, his apparent weakness, as manifested by his tottering walk, the grasp of his hand can scarcely be borne, nor can his limbs be flexed against his will.

*Diagnosis*.—Progressive locomotor ataxia.

28th. There is no longer any reasonable doubt that the patient masturbates. Cantharidal colloidin to external surface of prepuce.

February 7. By keeping the penis constantly somewhat sore, masturbation has been effectually prevented. His disease has apparently made no advance, and his general health has improved. Treatment has been mainly confined to hygienic measures, systematic exercise, etc. R.—*Potassi bromidi*, dr j; *aqua*, f oz ij.—M. S. Teaspoonful *ter die*.

13th. Sphincters have ceased to act. Discharge from urethra profuse and involuntary.

24th. No improvement. Discontinue bromide of potassium.

25th. Patient less rational; speech unintelligible; inco-ordination of muscular action gradually increasing, having extended to the muscles regulating speech.

26th. R. *Argenti nitratis*, gr. 1-12th *ter die*. Also, R. *Tinct. Cantharides*, gtt. xvi at bed-time.

27th. Suddenly, has become much worse. Some weakness of left side has been noticed for several days, and yesterday afternoon he became totally unable to walk or stand. The leg is more affected than the arm. Sensibility somewhat diminished on the affected side. Neither strabismus, coma, nor other sign of apoplexy. Complete incontinence of urine and feces.

March 6. Gradually improving. Continue treatment.

20th. *Zinci sulphatis*, ext. coeli, aa. gr. x, in pil. No. xxi. S. One every day at 2 P.M. Discontinue nitrate of silver. Can walk a short distance, though still weak on left side.

21st. The main disease (ataxy) is steadily progressing; hemiplegia continues to diminish. *Arg. nit.* gr. 1-12, twice a day.

24th. At 8 o'clock suddenly attacked with left hemiplegia, more complete than previous attack. Left pupil somewhat dilated and conjunctiva injected. Breathing short, hurried, and laborious, but not stertorous. Patient bewildered, but not insensible. Skin warm and profuse diaphoresis; pulse weak and rather excited. No sign pointing to apoplexy.

25th. Died at one o'clock this morning of asthenia. Owing to the objections of the patient's relatives, no complete post-mortem examination could be had. The brain was examined, however, and found to be of normal size and consistence. Arachnoid matter rather congested, with a slight deposit of lymph beneath the arachnoid superiorly and anteriorly. The arachnoid contained rather more fluid than is usual, and venous bleeding from the sinuses was abnormally free. There was no extravasation of blood within the brain-substance, nor did the ventricles contain an unusual amount of fluid. The septum lucidum was perhaps a little softened, and the floor of the fourth ventricle presented two or three lines of congestion. No cause for the hemiplegia was discovered, nor any abnormality, except the absence of the pineal gland. I have frequently seen as much peripheral congestion and exudation, when, during life, there had been no symptoms to direct attention to the brain.

*Remarks*.—For some time after admission this patient's symptoms were not so well marked as to lead to a suspicion of anything beyond the diagnosis of the hospital ticket. The great rarity of the disease, and the meagre accounts of it given in most of our text-books, aided the error, and the crucial test of blind-folding the patient was not applied until nearly three months after admission. When attention was once properly directed, however, error was impossible. The definition of the discovery of the disease could not have been better met. Trousseau's description is decidedly the best available. He looks upon paroxysmal pain, occurring in various localities, and of brief duration, as one of the most important of the premonitory systems; yet, with the exception of pain in the back over the dorso-lumbar spine, this patient presented no such symptom. "Nocturnal incontinence and

spermatorr. " were so excessive as to lead to the suspicion of masturbation, and to this disease was at first attributed; although the continuance of the symptoms, after the vice was effectually prevented, cast a doubt upon this supposition. The testimony of Dr. Charles West gave additional strength to this doubt, and to surmise that the vice was rather a consequence than cause. "I have not in the whole of my practice seen convulsions, epilepsy, or idiocy induced by masturbation in any child of either sex, a statement, I need hardly add, widely different from the denial that epileptics or idiots may, and not seldom do, masturbate. Neither have I seen any instance in which hysteria, epilepsy or insanity in women after puberty, was due to masturbation as its efficient cause." It seems fair to group ataxy with the diseases mentioned by Dr. West, in which case his assertion becomes applicable to it as well. There was no evidence of hereditary predisposition to nervous disorders in K.'s case. The cause of the hemiplegia remains in as much doubt as that of the ataxy. It is to be regretted that no examination of the spinal chord was permitted in this case. Doubtless degeneration of the posterior columns would have been discovered. The hemiplegia, which was the immediate cause of death, was in my opinion functional, if such a thing be possible, akin to the cases of "apoplectiform cerebral congestion" described by Trousseau. —*Com. Med. Science.*

#### CASES OF SUPPOSED HERMAPHRODITES.

The following interesting cases we publish as being the most interesting we have ever seen recorded. The first we find in the *Medical and Surgical Reporter*, reported by Dr. Henry N. Avery, of Poughkeepsie, N. Y. :

*A Genuine Hermaphrodite.*—The following is such a wonderful case, and being as near a hermaphrodite as anything can be, notwithstanding the evidence that nothing of the kind can exist, I report it for the novelty of the case, rather than the operation.

August 6th, 1868, Christie Ann C—— called upon me for advice, giving the following answers to my questions. After stating that she was a native of Nova Scotia, and had just arrived in this city to see a sister living here, and seek surgical aid in the States; unmarried; twenty-four years of age; five feet ten inches high; enjoying comparatively good health; occupied during the past two years in teaching school, and that she had a growth upon her privates.

From observation I discovered that she possessed a deep, coarse voice, masculine frame and face; in fact, resembling an ordinary coarse woman.

After a careful examination, to my surprise I found the following to exist: the mamma was undeveloped; the clitoris, resembling a pen's in flaccid state, was two inches long, and half an inch in diameter, with well developed gland and foreskin. No orifice was discovered. A vagina two inches deep, well formed, existing but a close examination per rectum and bladder could not discover any trace of a uterus; the meatus urinarius and vestibule were perfect; the right labium majorum was quite natural and of usual size; the labia minora were

traceable, but in the folds of the left labium there appeared a large pendant tumor, resembling the left testicle of a man, with a well developed scrotum of unusual size, of some four inches in length, resembling in every respect the scrotum. Tracing what appeared to be the cord up, I found it made its exit from the external abdominal ring, and having every indication of a spermatic cord; the epididymis appeared to be natural; in fact, everything resembled a testicle.

She stated that she felt some sexual desire, and that every morning for the past six years she had voided, on rising from bed, a small quantity of blood. To my question as to how long the tumor had existed, she stated that she had noticed nothing until she was ten years of age.

Her object in coming to me was, she said, to see if I would remove the tumor, as it annoyed her. The physician at home, the only one she had ever shown it to, stated that he could do nothing for her.

Being placed in somewhat of an embarrassing position, in discovering so much more than I expected to find, I resolved to call a consultation, to see if my diagnosis of a testicle would be confirmed. Accordingly Drs. J. S. P. Lord, E. H. Parker and my brother Dr. E. W. Avery, all of this city, were called in, when they all agreed that it resembled in every respect a testicle, but the case being so extraordinary that they could not form any diagnosis, but advised an operation.

With the assistance of Dr. Lord and Dr. E. W. Avery, I proceeded to perform the operation, by removing the tumour by the usual process for castration, by making an incision of some five inches in length, so as to expose the cord, which was found with three arteries that were ligated, and several smaller ones, a large nerve, veins, &c.; severing the cord, the retraction was the same that might be expected in performing the operation upon a man; the tumour was then dissected out, the wound partially closed, and the patient placed in bed.

After removal, the tumor was examined by Dr. Lord, Dr. E. W. Avery and myself, with a microscope magnifying 350 times; when cellular structure and convoluted tubes were visible, with rudimentary spermatozoa; in fact, it was declared a testicle.

Mounted specimens of the tubes for the microscope have been prepared, and photographs of the woman will be preserved.

This being the only case, I believe, on record, where a testicle has been discovered in a woman, it will naturally interest many. The fact can now be settled, that such a thing as a hermaphrodite has existed.

The second is the most remarkable case ever observed, and was published in the *Beitrag zur Geburtshunde und Gynakologie and Am. Jour. of Obstetrics*, from which latter journal we have made the selection:

*Probable case of Hermaphroditismus Lateralis.*—The question whether hermaphroditismus lateralis actually exists has not yet been decided, as there are no cases on record in which the presence of one ovary and one testicle in the same being could be proved by the microscope. The following case, however, may prove to be one of real hermaphroditismus lateralis:

Towards the end of last year, an *individuum* named

Catherine Humann (she having been pronounced a girl by the attending midwife) was received at the gynecological clinic of Wurtzburg, who had already attracted the attention of the medical profession for some time. Her parents are perfectly healthy, and no other malformation happened in the family. She passed the time of her infancy and childhood quietly, without having much desire to join either boys or girls in the plays customary at their age. As soon as she was able to work she was employed in the usual work, being equally skillful in handling the plough and the needle. In her twelfth year the external organs of the generation began to be developed; the body, heretofore considered the clitoris, under the outer margin of which the urethra opened, became larger and thicker, the breasts also enlarged as in girls verging towards puberty. At the same time sexual emotions took place, her affections tending towards both sexes, although she seemed to prefer the female sex more. The preference for the latter increased after she began to have seminal emissions, caused, as she says, by dreaming of cohabiting with women. It may be here remarked that she also experienced the feeling of lassitude usually following these nightly emission. She began, after her sixteenth year, to cohabit repeatedly with women, although she never had a full erection of the penis. After her twentieth year, the functions of the female sex also became developed, for at that time a hemorrhagic discharge first happened from the urethra, which in the beginning occurred at long intervals, until it finally returned regularly every three or four weeks, lasting several days each time, when it was considered by herself and others as a menstrual discharge on account of this regularity. She had also all the other symptoms of menstruation occurring before or during this period, a feeling of contraction in the abdomen, generally lassitude, and greater sexual excitement. Her breasts also swelled at that time, while a fluid resembling coelestrum exuded upon pressure. This symptom, however, ceased upon her fortieth year.

Catharine Humann seemed, since the appearance of this hemorrhagic discharge, to show herself more susceptible toward the caresses of men than before. Being in her native village considered a girl, wearing female clothing, and having her breasts fully developed, she was, like other girls, courted by the young men, and coitus was even attempted by several, although she she did not even possess even the trace of a vagina. Yet she always experienced a certain voluptuous feeling, followed by the discharge of a whitish fluid, without, however, an erection of the penis taking place.

The menstrual discharge from the urethra continued regularly every month, lasting from three to six days each time, up to her entrance into the Institution. It failed only during the whole time, after she had become thoroughly wet. In her twenty-sixth year, hair began to grow on her face, which she soon tore out, in order to avoid ridicule. All her other functions were perfect.

Catharine Humann is now forty-two years of age. She wears female clothing, makes, however, the impression of a so-called masculine woman; her features, gait, and voice are those of a man. Her head is normal, the hair is of black color and reaches to the shoulders. Several black and strong hairs

are found upon her chin. Her neck and chest are of the male type, with the exception of the breasts, which are round and well formed like a woman's. The pelvis is also of the male shape, the limbs want the softness and roundness common to the female sex, every muscle can be traced distinctly as in man. The bones are strong and large.

The external organs of generation are in appearance of the male type. A well shaped penis of medium size and thickness is at the usual place. It is not perforated, the fossa navicularis terminating in a not very deep cul de sac. The urethra issues on the lower surface, near the end of the glans penis, producing thereby moderate hypospadias. The glans penis and prepuce are otherwise perfectly normal; two tortuous folds run from the lateral margins of the latter towards themons veneris. The prepuce is perforated in two places, a thread having been inserted for the purpose of performing an operation. She wanted to have all the parts removed, as in her present state she did not belong to either sex.

The scrotum contains on the right side a body resembling in every way a testicle; she feels the well known dull pain upon pressure, while the epididymis can be traced distinctly. The left side of the scrotum is shorter, and contains a body in which neither testis nor epididymis can be traced, and which is said to become thicker during an erection of the penis. A similar lobulated body lies in the left inguinal region. Their nature can of course only be ascertained after death.

Her pelvic cavity was examined very carefully through the urethra and rectum, but nothing abnormal was found, which might indicate the presence of a uterine body.

Although it was already ascertained by a physician that a bloody discharge really issued from the urethra, she was placed under the strictest surveillance, in order to prevent her from practising any deception. Menstruation had ceased a few days before her reception into the Institute. The orificium urethra and surrounding parts were still bloody, while small clots of coagulated blood were attached to the hair. After eight days an evacuation of semen took place, as, according to her assertion, always happened at that period. This was examined under the microscope and found to be normal semen, containing moving spermatozoa, which established her ability of performing the male functions of generation. The bloody discharge from the urethra was observed at the usual time, preceded by all the symptoms as above described. The microscope proved it to be a normal, fresh human blood, mixed with mucus, as the menstrual blood usually is. These phenomena were twice observed during her stay in the Gynecological Institute.

POISONING BY ABSORPTION OF CARBOLIC ACID.—E. S. Machin, Esq. (*British Med. Jour.*), refers to three cases of itch where the parts were dressed with carbolic acid and symptoms of poisoning ensued, consisting of smarting pain at the point of application, headache, and coma. Two of the patients actually died, and the third was only rallied with considerable difficulty. The acid used was that known as Calvert's, and about six ounces were employed upon the three cases.—*Medical Record.*

# The Dominion Medical Journal,

A MONTHLY RECORD OF

MEDICAL AND SURGICAL SCIENCE.

LLEWELLYN BROCK, M.D., EDITOR.

TORONTO, NOVEMBER 1st, 1868.

## THE DUTIES OF THE GOVERNMENT TO OUR PROFESSION.

There are four classes of persons practising medicine in Canada, first the *regular practitioners*, who constitute about nine-tenths of the whole,—second, the *Homœopathists*,—third, the so-called *Eclectics*, and fourth the *unlicensed Quacks*. It is clear that the public at large has an equal interest in the competency of them all, and has a right to expect that every person who presumes to take the responsibility of curing disease, (which is tantamount in many cases to holding the balance of life and death in his hands) should know enough to enable him to distinguish the different forms of disease from each other. This he cannot know without first, a thorough knowledge of the character and situation of every organ and tissue of the body. This knowledge he cannot acquire without observation of every portion of the body, or in other words, without studying *anatomy*. Secondly, he must understand the use of all these organs and tissues, in the *healthy economy*—or, *physiology*. Thirdly, he must know the changes which occur in the functions and structure of every part of the body as the result of disease, or *pathology*. Neither physiology nor pathology can be mastered without a knowledge of chemistry; so that we have four branches of medical study, without a good knowledge of which no man, we care not to which *pathy* he belongs, can understand the simplest case of disease which comes under his care. If he does not understand a disease, it is equally unimportant upon what theory of practice he treats it, for the disease takes its course, and if the patient recovers it is more probably in spite of treatment than by the aid of it. If on the other hand, the patient dies, it is quite possibly attributable to the neglect of the proper remedial measures. In either case the physician has done no good, and it is not impossible that he may have done harm.

These remarks apply to practitioners of all the four classes enumerated above. It is our purpose, however, in this article, to indicate the remedy for this condition as applicable to the three first classes only, they having a legal standing already.

There may be a few who do not see any justice in

requiring statutory enactments to protect the public from ignorant practitioners. They may be quite willing that innocent and confiding people should have their lives jeopardised and constitutions undermined by legalised empirics. There may be such persons, we say, but we are unwilling to believe that the vast majority of the people can regard the necessity for qualified medical practitioners as other than one of grave state importance. The time has not arrived when the state can take medical education into its hands, but it will assuredly come. In the meantime what is to be done?

We believe it to be the duty of the legislature to place all the sects of medicine upon a somewhat equal footing. At the present time the public has no guarantee for the competency of Homœopathic or Eclectic practitioners. Their respective "Boards" are to all intents and purposes closed corporations. They may abuse their privileges to an unlimited extent (and we have good reason to believe that the latter does do so) for they are beyond the restraining influence of public, or even professional opinion.

We are not going to discuss the relative merits of these rival systems of medicine. At the proper time we will be quite prepared to show why our allegiance has been given to the so-called Allopathic School. Nor do we intend to discuss the wisdom displayed by the Legislature in granting charters to the Homœopathic and Eclectic bodies. It is our duty as a journalist to recognize the fact that they have received the authority of the Legislature to grant licenses. Such being the fact, it is the duty of the Legislature to make such further enactment as may be deemed necessary to ensure the competency of their licentiates before they are allowed to engage in the responsible duties of their profession.

Certain "regulations" of the Medical Council (which have the force of Legislative enactments by virtue of their having received the sanction of the Executive) require that all persons who study medicine shall spend four years in studying before being allowed to present himself for examination, not only is the period of study fixed, but it commences at the time when an examination in preliminary education has been passed. It goes even so far as to specify the number of terms which the student is to attend lectures on each branch of Medical Science, and the order in which they are to be studied. Here is a very complete guarantee of competency, but to make the matter surer, the Legislature has given the Medical Council power to enforce these regulations. This system of "checks and guarantees" complete as it is, remains practically useless, because it cannot be applied to the Homœopathic and Eclectic Schools of Medicine.



Persons who are not able to pass the examinations of the regular colleges, are notoriously in the habit of going before the so-called Eclectic Medical Board, and obtaining a certificate which entitles them to practice.

The remedy for this is simple, but exceedingly difficult to apply. It will be said that we are only anxious to get a finger into the Homœopathic and Eclectic pie for the sake of spoiling it. We utterly disclaim any such wish. We wish such laws to be passed and enforced as will ensure the competency of all who practice Medicine. It is more the affair of the public than ours. We wish the patrons of the Homœopaths to have men to serve them who understand Homœopathy, and that those who favor the so-called Eclectic School should have educated Eclectics to attend them.

In conclusion, we again protest that we desire no unfair advantage. All we desire is that every branch of the profession should be made amenable to the same laws, and those who are in the right need not fear the result.

### NON-RESPONSIBILITY.

THE Editor of this Journal does not hold himself responsible for the views of his correspondents, and while differing from them sometimes, he is happy to receive such communications, as, while encouraging discussion, will stimulate our Profession to those researches in the practical and theoretical grounds of our noble calling, which must, while being pursued with energy, end in discoveries which will enable us to point with pride to our profession in this Province. It has become the habit with some, who are bigoted and illiberal themselves, to charge our profession in its entirety with illiberality and want of advancement in Medical science. They say at times, in terms of contempt, the old school, forgetting that nearly all the discoveries belonging to our special branch, the healing art, have been opened up by the devotion of a lifetime given to special research by those, some of whom have passed away, who are recognized wherever medicine is practiced as the great benefactors of our race. The special advantages which have been claimed to have followed other modes of practice than our own have yet to be realized, and those drugs which have claimed to be introduced by others have in a number of cases been used by the members of our profession for a great number of years with recognized benefit. A number of Drugs used by the Homœopathist and Eclectic, and which are claimed specially by themselves, have been known and used, we may say, for centuries. And in conclusion we can only say, in the words of Sir Thomas Watson, in his introductory lecture to his students, only changed

to suit by the transposition of some of the words: "The Physician must not be the ant, collecting all things indiscriminately from all quarters, as remedies for disease; nor the spider, seeking no materials abroad, but spinning his web of speculative doctrine from within himself; but rather the bee, extracting crude honey from various flowers, storing it up in the recesses of his brain, and submitting it to the operation of his internal faculties until it be matured and ready for use.

We have received from several of our subscribers papers containing advertisements and announcements of some medical men, who by such advertisements disgrace themselves, and bring discredit on the profession to which they belong, and for their benefit would call their attention to paragraph 3 in the Code of Ethics adopted by the American Medical Association, and by our own:—

### Duties for the Support of Professional Character.

It is derogatory to the dignity of the profession to resort to public advertisements, or private cards or handbills, inviting the attention of individuals affected with particular diseases; publicly offering advice and medicine to the poor gratis; or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

### MEDICAL ATTENDANCE ON TRADES, &c.

The following circular has been forwarded to us by a medical student, asking our opinion upon the subject. This system of providing medical attendance upon societies, trades, etc., is certainly practised in England and other countries, but to so great an extent has the competition been carried, that medical associations have been forced to interfere in this matter, and have recommended that a scale of fees should be fixed, below which no medical man with the consent of the association should be allowed to charge.

The evils such a system would give rise to in this country are so great, and so numerous, that no medical man having the interests of his profession at heart would countenance in any manner such a form of attendance:—

SIR,—In pursuance of a system pretty generally adopted in the old country in manufacturing districts, I have resolved to lay before the operatives of the ——— factories a scheme by which they can obtain regular medical attendance for themselves and families at greatly reduced rates yearly.

My project is this: that each subscriber pay a quarterly sum of \$1.50 in advance or \$6.00 yearly;

that in case of the subscriber not requiring medical treatment, fortnightly visits will be made as in case of illness, and that the medicines, being dispensed by myself, will be supplied at the lowest possible prices.

The advantages accruing from this plan are obvious—regular attendance secured to the patient, and medicines for a merely nominal sum within the reach of all.

Names and addresses can be left at the offices of the respective factories or at —, the year commencing from date of subscription, payable quarterly in advance.

Yours, &c.,

#### Non-Payment of Wages.

Capt. Balfour of the Royal Artillery, was summoned by Elizabeth Freeman for \$11.66, claimed to be due for wages. Mr. J. H. Patterson appeared for complainant. The complainant was engaged by Capt. Balfour as wet nurse, and while in his service her own child being taken sick, Balfour sent for Dr. Winstanley to attend to it, without asking her consent. The doctor sent in a bill of \$9 for his services to Capt. Balfour, which, though unpaid, was put in by the latter as a set off to the girl's claim. Strange to say it was allowed by the Magistrate and the claim reduced to \$2.66. Only yesterday in a similar case where the parties were in humbler circumstances he decided that no set off to a claim of this nature could be allowed, which only shows that in this tribunal there is one law for the rich and another for the poor. The judgment was simply an outrage on common sense and justice, and met with the general disapprobation of those present. Had the girl been left to her own judgment she would have engaged some doctor whose charges would have been more in accordance with her slender means; but no that was not allowed by the Captain, who ordered that the child should receive special attention, so that the mother who was nursing his child should not be disturbed or put out, but be enabled to devote her undivided attention to her charge. She, though not consulted in procuring medical attendance, quietly acquiesced, supposing that Capt. Balfour would pay for the doctor he had ordered. The affair is little to the credit of either Captain, Doctor or Magistrate. An appeal in the case would certainly be successful in upsetting this unjust verdict.

We beg leave decidedly to differ with the reporter of the *Daily Telegraph*, in his remark—"The affair is little to the credit of either Captain, Doctor, or Magistrate,"—about the Doctor. Dr. Winstanley did his duty in attending the child when called upon, and certainly deserved remuneration for his services. It was not his business to interfere in the matter; he seems to have forwarded his account to the proper person, and it was only a question between Capt. Balfour and his servant.

—The oldest Doctor in the world, Professor F. Verdugo, Salamanca, Spain, died, lately, aged 105 years. He had practised medicine for eighty years.

#### The Practice of Medicine in a Pecuniary Point of View.

From a very able and interesting editorial in the *Medical Record* on the practice of medicine in a pecuniary point of view, we glean the following, and recommend to the profession a careful perusal:

3. Let your *maximum charges be high*, and carefully graduate them according to the circumstances of your patients.

In regard to this matter of charges these two points are indisputable—first, that those patients who are able should pay well for their medical advice and treatment, just as they pay for everything else; and secondly, that those who are poor, or in moderate circumstances, should not pay as high as the wealthy. If advice is worth anything it is worth a great deal, and should be paid for accordingly. In our stores and markets the poor and the rich pay alike for the same quality of articles, and if any one is unable to buy the best of everything, he can get a poorer quality or go without entirely. In the matter of medical advice it is not so. Sickness visits alike the throne and the cottage. It is not a matter of choice, and when it comes the poor man desires and needs the best advice. All who are not positively destitute should pay something, and the rich should pay roundly, just as they pay for everything else that they purchase. We are all too much afraid of driving away our patients by high charges. Ultimately, however, the courageous physician wins the victory. It is really a blessing to lose some patients. We can afford to hire some individuals to keep away from the office. Mean prices are apt to bring in mean patients; and the presence of mean patients deters and repels many who would pay large fees. It is hard to raise prices even with the wealthy, and therefore we should begin by making our fees as high as will be borne. Better to begin too high than too low, for it is easier to lower our prices than to raise them. The profession are too easy in this respect. They are apt to charge too little for their labor, and nothing at all for their opinion. Physicians are something more than mechanics, and should charge for their opinion even more than for their time and muscle. The observance of these rules will never drive away patients who are worth keeping. By charging high charges and carefully graduating them when necessary, we shall secure the respect of those (of whom there are many, especially in our larger cities) who take pride in paying dearly for everything they get, and shall retain all—both poor and rich—whose patronage can be of permanent service. To raise the standard of prices is a duty that we owe not alone to ourselves but to the profession at large.

4. Be *prompt and active* in rendering and collecting your bills.

If medical advice and services are worth being paid for at all, they should be paid for promptly. Our patients should be impressed with the idea that our profession is to support us, and that their bills must pay our expenses. If we wish to retain our patients permanently we should insist on prompt payment; if we wish to make them ashamed to call on us, and to drive them to other physicians, we have only to allow them to neglect our bills. There need be no delicacy in this matter of collecting, whether done in person or by proxy. A proper

independence of manner is the surest way to independence of fortune.

To those who live in large cities, and who desire to make themselves *authorities* in medical science, we say give special attention to some department that is congenial to your tastes, and make yourself a necessity to the profession in that department. This is best accomplished by cultivating scholarly and practical thoroughness, and by communicating the results of our investigations through the medical journals, at the meetings of societies, and by personal influence.

In our dress, manners, equipage, and in the location of our office, we should conform to the approved customs of the class among whom we desire to practice. Our furniture and apparel should at least not repel, even though they do not positively attract. Goethe says that we ought to conform to the world in trivial matters in order that we may more successfully oppose it in subjects of vital import. This should be the rule for physicians.

As a general rule the majority of our patients is like ourselves. The attraction of character is as natural and as irresistible as that of gravity, and like doctor like patient, is probably as true as "like priest like people." Cultivated, scholarly, high-minded physicians will have cultivated, scholarly, high-minded patients, who will gravitate to them by the law of unconscious affinity.

Those who attempt to build up a practice on a higher plane of culture and character than that to which they belong, and for which they have affinity, will usually fail. Expensive dress, elegant furniture, and showy turn-outs will not permanently compensate for the lack of character. Those who expect to jump into a permanently lucrative practice by the aid of mere externals will usually be disappointed. They may "grow into it," as the expression is, but their growth will be like that of trees, slow, silent, and almost imperceptible.

### Editorial Notices,

#### PRICE LIST.

Our readers can rely upon the correctness of the price list which we publish, as it is taken from the *Pharmaceutical Journal*, published and conducted by a Committee representing the retail and wholesale houses in this City. In connection with this, we must state that we have to omit this month our price list, in consequence of the action taken by the editors of the *Pharmaceutical Journal*, who have made it a copyright.

#### DETROIT MEDICAL COLLEGE.

This new Medical Institution whose course of Lectures commence upon the second of February next, has secured (from what we can find out) Physicians of high standing in the Profession, as Lecturers. The City of Detroit has good Hospital facilities, and we have no doubt but that this Medical Institution will be able to command a good attendance.

We call the attention of Physicians to the advertisement of Mr. W. Saunders, of London, he is well known to the profession as a reliable chemist. The various articles which he manufactures (those desiring to obtain) will be found satisfactory as regards purity, strength, and general correctness in preparation, they have given satisfaction to those who have been in the habit of purchasing them for a length of time.

### Reviews.

CONSERVATIVE SURGERY, in its general and successful adaptation in cases of severe traumatic injuries of the limbs, with a report of cases, by ALBERT G. WALTER, M.D. *Præstat natura voce doceri quam ingenio suo sapere.* Pittsburg: W. G. Johnston & Co., Printers.

The author in his preface modestly announces his reasons for giving the profession the results of thirty years' experience in conservative surgery. He commences first by giving his theory and practice, which is stated to be the first time promulgated. Long and deep longitudinal incisions to give free vent for the escape of effused blood, no attempts to be made to bring the injured parts together by means of stitches. The placing of the injured limb upon splints of sheet iron or tin, the use of warm poultices or fomentations, assisted by local and general supporting measures, are the means advocated, and supported by an array of successful cases, ought to convince any rational man that these views have had a careful trial, and are well worthy the attention of the profession. We might raise the objection which has already been done by several reviewers, that only the successful cases had been given, but as this has been answered by the author in a communication to the *Philadelphia Medical and Surgical Reporter*, we shall give his own words:—

"I thank you for the notice of my monograph in the *Reporter* of the 5th inst., but feel aggrieved at the question of the reviewer, 'Are all the cases reported in which this method was used, or only the successful ones?' The length of time (more than seventeen years) which I allowed to pass by, and the number of cases which I patiently accumulated, before giving publicity to my experience in the conservative field, should, I think, have shielded me from an insinuation of having acted unfairly in the matter. To do this in any profession would be derogatory to the true merit which should animate its members; but in the medical, it would be even criminal. I feel, therefore, bound in justice to myself, to state that all the cases in which the conservative practice had been tried, have been reported, and that no failure—by loss of limb or life—has been the consequence where openness of wound, accompanied with incision of integument and fasciæ, had been early and promptly instituted.

As the pages will show, cases have been narrated where the method had failed, not only in preserving limb, but life also, because it had not been timely enough called into requisition.

"I do not know that the same practice (incision of the dermis and fasciæ, for the relief of *tension*, and for the purpose of *evacuating bloody and serous extravasata*—speedily to become septic) in crushed limbs, had ever been promulgated before, and would be thankful to the reviewer to be informed where I could get this information (of older surgeons having acted also upon the same theories). That injured limbs in such conditions, have been incised by other physicians, I will not question; yet I claim that *openness of wound and its enlargement immediately or soon after the injury, in the longitudinal axis of the member, for the purpose of relieving the tension of fascia and cutis—due to pent-up blood—which threatened gangrene, erysipelas, phlegmon, and pyæmia, have not, as far as I know, been before insisted on. This is the practice which I may be allowed to consider original, as well as that of incising bruised limbs without breach of surface, for the above-mentioned indications.*

"Next, the reviewer appears to have misunderstood the tenor of my remarks in regard to gunshot wounds. I suggested similar incisions (in the *long axis of the limb*) in these cases, but did not mean that the *track of the wound made by the bullet, should be slit open*, as had been done by other surgeons. If all success had followed this procedure, involving the section of fasciæ and muscles in every direction, the *longitudinal incisions* will be found not only harmless, but serving an *important indication*—that of relieving tense tissues, and giving free exit to primary and subsequent extravasation. They were not proposed with the view of facilitating the extraction of the bullet or other foreign material, but mainly for the purpose of obviating the direful effects which tension of the fasciæ and confined blood and serum are inducing."

Every practitioner should obtain and read this work carefully, as the conservative measures which are advocated require still further elucidation and confirmation, which can only be done by practitioners giving the result of their practice in this really great advancement in surgical science.

### ON SOME OF THE CAUSES OF INSANITY IN CALIFORNIA.

By HENRY GIBBON, M. D.

In a former paper I referred to the powerful effect of attention, directed to a part of the body which is suspected of being the seat of disease, in disturbing healthy innervation and creating disease in the suspected part; or creating morbid impressions at least, of hypochondriac character. Patients thus affected cannot be reasoned out of their illusions. They must be *humored*, so to speak—like real madmen. Their fancied ailments must be acknowledged and prescribed for. And yet the treatment must be such as to divert the patient's attention as much as possible from the part affected. It is not always easy to accomplish both these purposes at once.

Such cases are often a severe tax on the patience and ingenuity of the practitioner. The patient must be inspired with implicit confidence in his medical adviser. Without such confidence, treatment will be likely to prove nugatory. With it, a mere *placebo* will often suffice. In other cases, the most nauseous doses and the most painful applications are required.

My readers have heard the story of the hypochondriac lady who believed she had swallowed a snake, and whose physician, unable to reason her out of the delusion, admitted it as a fact, and treated her accordingly. Having procured a snake for the purpose, he administered an emetic, and during its active operation managed to introduce the reptile into the basin which received the contents from her stomach. It was a triumph for both patient and doctor. The patient was cured, and the doctor bore away the serpent for preservation in his cabinet. But alas! he had scarcely reached his home when he was recalled. Having some renewal of her former feelings, the idea flashed on the mind of the poor woman that the serpent had left a family of young vipers within her, and she was likely to be as ill as ever. Upon this the doctor submitted the animal to the inspection of an eminent naturalist, who pronounced it a male; and with that assurance the patient was permanently relieved.

The cure of persons thus rocked on the outer eddies of the whirlpool of insanity is very uncertain. The cause remaining, whatever that may be, the effect is liable to return in some other form. A few years ago I was consulted at my office by a man of some intelligence, whose neck and face were covered with boils. This resulted from a disease with which he had been inoculated by wearing the shirt of a person infected with syphilis. His wife, with whom he had had trouble, and from whom he was now separated, had given him the shirt with evil purpose, after it had been washed and laid away in his drawer. Such was his story. There was no objection in this case to a flat contradiction of the silly notion, as the sores would heal in due time, whatever his folly. When they had so far healed as to be no more a source of discomfort, he came in one day greatly excited by the discovery of some blotches on the skin, not visible to other eyes than his own. Next, his tongue was diseased, and then something was wrong with his nose and eyes. Finally he called much distressed to show me his ears, which stood out from his head in an unnatural position. For six months the poor fellow was a prey to such tortures. But, though the original hallucination continued, it ceased at length to develop any external manifestations. He is now in the enjoyment of good health. But the *Shirt of Nessus* is always present in his imagination, and he watches constantly for some poisonous effects.

One of my earliest lessons on the pernicious influence which the mind is capable of exerting on the body, may be worthy of mention in this place. Many years ago, a man whose habits were generally correct, consulted me on account of a gleet, the sequel of gonorrhœa. It was the only time in his life he had transgressed in this direction, and he had paid dearly in mental suffering. Further, he had a marriage engagement awaiting his cure; but he shrunk with horror from the idea of marrying whilst there was a shadow of possibility that he might pro-

pagate disease. On examination, I could discover no disease. A small quantity of mucus passed from the urethra, but nothing more. However, to set his mind at ease, I prescribed some medicine, which, in the course of a fortnight, removed all vestiges of disorder, to his complete satisfaction. He left me, with the purpose of marrying. But in a few weeks he returned, to say that he had discovered indications of a return of his complaint. Though I could perceive no such indications, I again placed him under treatment, and again he was cured, and discharged. The same thing happened several times, and at length, under some provocation, I chided him for his folly and reasoned with him against it. In answer to my arguments, he quoted "Buchan," whose "Domestic Medicine" was then a popular family companion. This let out the secret. He kept the book in a drawer in his bedroom, and studied it every night; and it never failed to reproduce the disorder. I made him promise either to burn it, or to lock it up and not open it for three months. From this moment there was no return of disease, and his marriage soon diverted the current of his thoughts into other channels.\*

The experience of Rousseau is worth quoting in this place.—"Having read a little on physiology, I set about studying anatomy; and passing in review the number and varied actions of the parts which compose my frame, I expect twenty times a day to feel them going wrong. Far from being astonished at finding himself dying, my astonishment was that I could live at all. I did not read the description of any disease which I could not imagine myself to be affected with; and I am sure that, if I had not been ill, I must have become so from this fatal study. Finding in every complaint the symptoms of my own, I believe I had got them all, and thereby added another still more intolerable—the fancy of curing myself."

A large proportion of those individuals who suffer prolonged uneasiness in regard of diseases, real or imaginary, of the sexual organs, become impotent in a greater or less degree. The impairment of function is seldom permanent, under proper treatment, but disappears with the restoration of health and the withdrawal of attention from those organs. It is put to good use by advertising charlatans, who take advantage of the weakness and apprehension of such men to inveigle them into their toils. And here is often a step on the way to the mad-house.

I cannot dwell with too much emphasis on the important practical distinction between the moral treatment which inspires confidence and hope, and tends to dispel the cloud of anxiety and apprehension, and that which confirms suspicion and excites alarm;—between that which is prompted by professional and honorable motives, and which has the good of the patient for its primary object, and that which is controlled by the love of gain, and makes body and soul the sport of the vilest tricks of trade. The system of empirical advertising may be regarded as an ingenious device for robbing men of their money, their happiness, and their reason. The newspaper, going in every house, carries a flood of this poisonous literature. The newspaper makes our females familiar with the idea of the prevention

of pregnancy, demoralizing the married and corrupting the unmarried. The newspaper prompts the idea of abortion, and indirectly encourages a criminal practice so wide-spread as to disturb the foundations of society and to affect the national welfare. The newspaper furnishes the abortionist with the means of inviting all the mothers in the land to murder their unborn offspring through his nefarious agency. The newspaper is a daily reminder to every villain who plots the ruin of females, how he can accomplish his diabolical purpose without exposure. The newspaper puts in the hands of every boy and every girl, in city and country, a daily stream of impure, obscene and corrupting literature, which they could find nowhere else.

The reader will not understand me as pronouncing a censure on the conductors of the press in this relation. I remember too well the example of the knight and the windmill. The laws of trade govern the press and mould the code of morals for this, in common with other departments of industry. I will do the proprietors of newspapers the justice to declare my conviction that they well believe and know that the advertisements referred to are unfit for general reading and that they are morally pernicious. I believe further that scarcely one newspaper on this Coast would admit such advertisements, if others did not.

The same defence applies to those respectable druggists who suffer their names to be announced as vendors and endorsers of universal cures for nervous weakness and impotence and female obstructions. It is well understood that people of intelligence will not believe the statements which are made, and that only credulous and weak-minded persons, composing not much over nine-tenths of the community, will be misled and fleeced by such publications.

If writings published with the design of doing good are capable of so much evil, as appears from what I have previously said, how much more mischief is calculated to result from publications artfully prepared for the very purpose of frightening the reader into the belief that he is sick, and which are daily thrust before his eyes, so that he cannot avoid seeing them if he would! I have an earnest conviction that the literature of quackery is much more pernicious than is commonly supposed;—that few persons suspect the depth to which it strikes its roots into the corporeal, moral, and intellectual life of society, and the consequent amount of vice, trouble, disease and insanity which it produces.

In no other part of the world has disappointment, in one form or another, visited so large a proportion of the population as on the Pacific Coast. A few remarks on this subject, and on *nostalgia*, in their relations to insanity, will be offered in another paper.—*Pacific Medical and Surgical Journal*.

#### Rupture of the Womb—Recovery.

REPORTED BY S. A. McWILLIAMS, A.M., M.D., CHICAGO.

Dr. Davis B. Taylor, Milbourne, Lake Co., Ill., was called May 27, 1868, about 9 A.M., to attend Mrs. Hinckle, a farmer's wife living one mile distant, in her eighth confinement, at full term. All her previous labors, except the last, were severe. The

\* It is a little singular that Villermay, an old French writer, refers to the same book as one of the causes of hypochondria among his countrymen—"la lecture habituelle de Buchan."

lady of German birth, 40 years old; has given birth twice to twins, and has now five children living.

Upon examination, the Doctor found the os uteri about an inch dilated, and the head presenting. The liquor amnii had escaped about three hours previously. The pains continued light, until 2 P. M., when the os was sufficiently dilated to permit the use of instruments. A severe pain occurred about this time, which caused some progress; in five minutes, a similar one, and soon another, which promises to be still stronger, but suddenly began to die away, while the head gradually receded, and flowing commenced.

The Doctor, satisfied that a rupture had taken place, turned and delivered the head with instruments, unable to do so otherwise. The child—a male—was dead when born, and weighed 8½ lbs. The placenta was found detached, and delivered at once.

A further examination revealed a rupture to the right of the median line, through which the Doctor readily passed his hand, and removed a couple of handfuls of blood, when the womb began to contract rapidly. The woman, being now threatened with syncope, was given three 2-dr. doses of brandy every eight minutes. A Dover's powder being now given, she was allowed to rest 2½ hours. Reaction commenced—pulse 100 per minute. A powder of 3 grs. calomel and ½ gr. opium was ordered to be given every two hours; also, 2 dr. nitrate of potash, to be dissolved in half a tumbler of water, of which a dr. was to be given every hour. During the night, tympanitis set in, became very severe, and lasted about three weeks, subsiding gradually with the diarrhoea. A mush poultice was kept on bowels for the first ten days, when an eruption of vesicles appeared on abdomen.

May 28, 8 A. M.—Pulse 125. Continued solution of potash, and ordered 5 gr. calomel and 1 gr. opium every two hours.

8 P. M.—Omitted solution of potash, and give 10 gts. *℥i. c.*gelsemium every four hours for forty-eight.

29th, 8 A. M.—Pulse 140. Gave 10 grs. calomel, ½ gr. opium every three hours for six days, when bowels were moved with an injection of soap-suds.

June 5th.—Pulse 150. Bowels moved about eight times daily for the ensuing week, then gradually improved, and she vomited occasionally during the next three weeks.

Previous remedies omitted. 3 gts. nitro-muriatic acid given every four hours for thirty-six, and ½ gr. nitrate of silver in solution every four hours.

6th.—Lochial discharge now occurred, for the first time.

After two weeks, a pill of 2 gr. quinia and 1 gr. precipitated carbonate of iron were given every four hours for four or five days, when tympanitis had nearly subsided.

After which, 15 gts. tr. ferri chlor. and 2 gr. chlorate potass, in syrup, were given four times daily.

The diet consisted mainly of crust, coffee, barley and rice water, for the first two weeks; after which she was able to take bland articles of nourishment.

July 28.—The woman is around, attending to her ordinary household duties.—*Chicago Med. Exam.*

## SUB-NITRATE OF BISMUTH, IN UTERINE DISEASES.

Chas. M. Shoyer, M.D., Leavenworth, says, I can find no mention made, in the works on diseases of females, of the employment of bismuth in the treatment of leucorrhoeal discharges and ulcerations of the vaginal portions of the uterus; and yet it is the *safest* and *best* local application that I ever tried. I order the vagina to be well syringed with *quite warm* water, and then introducing a suitable speculum, (and here permit me to say, that we should never make use of a speculum large enough to give much pain), I wipe the parts dry with raw cotton, and apply the bismuth freely, all over the ulcerations and cervix, and if, the vagina is very red and sensitive, to it also. I repeat this once in forty-eight hours, and only syringe the vagina after an interval of twenty-four hours. The leucorrhoea usually yields after two applications, and the ulceration does not require more than four.

In some cases I have applied argent nitras, the first time, and subsequently the bismuth, though it is rare for cases to resist the bismuth alone. My first case was an old lady of fifty-four, who had been under treatment with other physicians for a year, and every kind of caustic and astringent had been applied, including cotton wet with glycerine and tannin and glycerine. On examination I found the worst case of ulceration that I ever saw in private practice; accompanied by a profuse leucorrhoeal discharge of a greenish-yellow pus, mixed with albuminous mucus from the cervical canal; there was great constitutional disturbance, dysuria and rectal tenesmus; it required only four applications to cure the ulceration and leucorrhoea, and an opium suppository in the rectum, cured the dysuria, tenesmus and constitutional disturbance.

A case of threatened miscarriage at four months, with hemorrhage from the vagina, was examined with the speculum, and revealed an ulcerated os with albuminous mucus, issuing from the lips and bleeding at the slightest touch; a few applications of bismuth quite cured the leucorrhoea and ulceration, and quieted all apprehension as to a miscarriage, by removing the *evident* cause of the hemorrhage. I might instance more cases, but these will serve to show how useful the remedy really is, and it cannot require much argument to prove its superiority over caustics and irritating astringents. Perhaps the tannate of bismuth and sub-carbonate, may be found of even more efficacy.—*Leavenworth Medical Herald.*

## Complete Forward Dislocation of the Tibia and Fibula upon the Femur.

[We are indebted to the kindness of Prof. F. H. Hamilton for the notes of the following case, which occurred in the practice of his correspondent, Dr. Charles S. Downes, of McIndoe's Falls, Caledonia county, Vermont.—Ed. N. Y. M. J.]

DEAR DOCTOR: Agreeable to promise made you at Washington. I send you the memorandz of a case of Complete Forward Dislocation of the Tibia and Fibula upon the Femur, treated by myself and Dr. Levi Burton.

Oct. 16, 1861, I was summoned to Washington, Vt., in consultation with Dr. Burton, of West

## Progress of Medical Science.

Topsam; arrived at 11½ o'clock, p.m. On that day a.m. the patient, Mrs. Aldrich Hayward—a robust, young married woman, aged about twenty years—had been driving a young horse attached to a wagon, having an infant in her arms. The horse became unmanageable, ran; the patient was thrown from the wagon, in one of the hind wheels of which her right leg became entangled, and was seen to make three or four revolutions with it before the horse was disengaged, when the patient was found to be disabled and was carried to a farm house near by. The infant, that she had all the time held in her arms, was unharmed.

On examination the limb was found shortened 4½ inches.

The lower articulating surface of the femur could be felt among the muscles of the calf of the leg. A large space could be felt above the heads of the tibia and fibula, which were resting upon the front of the femur, in which space the patella was discovered lying loosely with its lower edge to the front.

*Treatment.*—After the clothing of the patient was changed she was laid upon a bed. A strong sheet was folded corner-wise and passed between the limbs resting on the perinæum, and secured to the right head-post of the bed (standing at the foot and facing the head). The foot and ankle were bandaged. A strong towel was applied over the instep and heel, and secured under the foot, to which was attached a clothes-line, doubled several times around the opposite foot post of the bed. A piece of hoe-handle, about two feet long, was passed between the several loops of the clothes-line. All being ready, an assistant was directed to turn the hoe-handle as one would turn an augur, thus making extension after the manner in which a woodsaw is tightened by twisting the lines. While Dr. Burton so managed the extending apparatus as to prevent any twisting of the limb, the other surgeon manipulated the limb, and reduction was effected perfectly, without difficulty, in a very short space of time: within five minutes.

*After-treatment.*—Patient was directed to remain in bed with the limb supported in a nearly extended position, and kept perfectly at rest, with fomentations of water, as warm as the patient could comfortably bear, constantly applied to the injured knee. Diet: light, easily digestible food. Patient left in charge of Dr. Burton.

March 2nd, 1862, I saw Mrs. Hayward at her home in Orange, Vt., and learned from her that about three weeks from the time the dislocation was reduced, she was removed to her home.

There was very little lameness, although some swelling of the knee remained. She had been doing the house work for the family without assistance for several weeks.

June 8, 1863, saw Mrs. H. again. No disability remains, and the recovery seems perfect.

*Remarks.*—The patient suffered intense pain from the time of the accident until extension was made during which, and afterward, she expressed herself as free from, or relieved from pain.—*N. Y. Medical Journal.*

Cresyl Alcohol is said to be a powerful agent in cleansing green substances off damp pavement.

*Amputation of Thigh—Separation of Bone through the Epiphysis.*—Dr. GEORGE BUCHANAN, A. M., Surgeon and Lecturer on Clinical Surgery, Glasgow Royal Infirmary, relates (*Glasgow Medical Journal*, April, 1868), the following case:

A boy, aged 10 years, whose leg was crushed by machinery up to the knee. Amputation by a long anterior flap, through the condyles. One of the most perfect stumps I ever saw. The arteries were ligatured, and the wound healed with great rapidity.

I desire to draw attention to the mode of severing the bone. After I had cut through the soft parts, I drew the knife round the bone, to divide the periosteum where I intended to apply the saw, when I found that it passed into the soft cartilage separating the inferior epiphysis from the shaft. I laid aside the knife, and, by using gentle force, easily broke off the epiphysis, leaving the shaft with a rounded end, in which neither cancelli nor medullary cavity were exposed. This method of dividing the femur is so easy, and its result so perfect, that I would recommend its adoption in amputating at the lower part of the thigh in young patients.

Dr. C. M. CLARK, of Chicago (*Chicago Medical Journal*, March 15th, 1868), trephined a man on account of paraplegia following a slight gunshot depression of the fronto-parietal region of the skull. The paralysis began four months and a half after the reception of the injury, and had continued up to the date of the operation, three years later. At the expiration of five weeks, when the patient returned to his home, the relief was complete.

*Effect of Sewing Machines on Menstruation.*—Dr. Chamberlain asked the experience of the members on the effects of the use of sewing machines on menstruation, and on the condition of the uterus and ovaries. He had recently been treating a patient who had enlargement and prolapse of the right ovary, attended by general debility, which was evidently caused by operating on a sewing machine.

Dr. Perry had known two or three cases of severe uterine disease, in one of which death occurred, that were due to the use of a sewing machine.

Dr. Peaslee had a patient who had been an operator on a sewing machine, and was afterwards forewoman of an establishment in which fifty girls and women operated on machines. Most of the girls suffered from dysmenorrhœa and leucorrhœa. The derangement of the menstrual function was so great that they were generally obliged to absent themselves from work during the catamenial flow. It had recently been observed also, that the motion of the limbs in working the machines occasions a sexual excitement.

*HYPODERMIC INJECTION OF REMEDIES.*—Dr. Anstie (*The Practitioner*, July, 1868) claims the following advantages for the hypodermic over the gastric administration of drugs: 1. Economy of the drug. 5. Entire abolition of the depressing or irritant effects which are locally produced

in the alimentary canal during the digestion of various remedies. 3. Far greater permanence of effect, in many cases, than can be produced by medicine swallowed. 4. Much greater rapidity of action. One most important conclusion from these facts is this: *that anodynes and hypnotics ought never to be administered by the mouth in acute disease attended with anorexia.* Regular and systematic nutrition is the great necessity and the great difficulty in those diseases, and the avoidance of any treatment tending to interfere with digestion of simple food is a cardinal duty.

As to the question of danger of this method, he says, that there is *absolutely none* if the injector will remember two cautions—first, that the physiological activity of nearly every substance which can be thus used is *three if not four times greater when it is given by the skin than when it is swallowed*; and secondly, that the liquid injected must not be either markedly acid nor markedly alkaline, nor in any way obviously irritant to tissue.

Morphia, Dr. Anstie says, should be used in the form of the acetate, dissolved with a minimum of acetic acid in hot distilled water five grains to the drachm. One minim of this will represent one-twelfth of a grain, a very useful minimum dose in cases of slight neuralgic pain. Two minims ( $\frac{2}{3}$  grain) is the best commencing dose for relief of severe pain, and as a hypnotic in states of nervous irritability. Three minims (or  $\frac{1}{2}$  grain) is an *unsafe dose to commence with*; dangerous and even fatal results have been known to follow its use.

The salt used in this manner is at least three times as powerful for every therapeutic purpose as when swallowed, and the majority of the unpleasant symptoms which opiates, when given by the mouth can produce, are entirely absent when administered hypodermically. The fact seems to be, that in the gastric digestion of morphia much of the salt becomes decomposed, and its specific effect on the blood is lost; but during the digestive process it acts depressingly upon the gastric nerves, and *pro tanto* disorders the functions of the stomach.

Atropia is an extremely valuable hypodermic agent for the relief of local pain and spasm. It should be employed in the form of solution of the sulphate; four minims containing 1-60 grain; two minims will be the proper commencing dose in adults, unless the pain to be relieved is very severe. It should be cautiously increased to 1-60 or 1-50 grain; more can seldom be needed, and poisonous effects may be produced if pushed to higher doses. Atropia is incomparably the best of all medicinal remedies for every kind of pain in the pelvic viscera. Nothing can approach it in this respect.

Strychnia, Dr. Anstie has found to be a most valuable remedy in gastralgia. It should be administered in solution, two grains to the ounce of distilled water, and the proper commencing doses is two minims (1-120 grain).

ON CHOPART'S AMPUTATION. By W. F. McNUTT, M.D., M.R.C.S.E., L.R.C.P.E., &c.—As a rule, the history of a case after Chopart's amputation is about as follows: A tilting downwards of the stump; a tedious, painful process of ulceration of the cicatrix; perhaps division of the tendo-achillis (which produces no good whatever); and, after months of suffering and impairment of constitution, the patient

is obliged to submit to Syme's or Pirogoff's operation, or possibly to amputation above the ankle, when the patient generally soon recovers his health and with an artificial foot the limb is restored to almost its normal functions. Every surgeon who has had any experience with Chopart's operation—with the chances of having a tedious, painful process of ulceration of the stump—perhaps the division of the tendo-achillis—probably re-amputation when the constitution is in a condition anything but favorable to a good result—must feel that his patient runs a greater risk to life than though he had been subjected to Syme's or Pirogoff's operation, or amputation above the ankle. As to the comparative usefulness of the limb after the respective operations, either with or without an artificial foot, I am quite willing to submit the question to the unfortunate individuals who have been subjected to the different amputations, to the very high authority of Drs. B. F. Palmer and E. D. Hudson, our celebrated patent limb manufacturers, and to the surgeons who have followed the history of the cases after the different operations.

In a letter that I received from my venerable and respected friend, Prof. Willard Parker, dated New York, June 23, 1868, in reply to a letter that I had written to him on the subject, he says: "In my opinion Chopart's operation should be abandoned. I have never seen a good and useful stump the result." He also states that he has never seen any "abiding good result from the division of the tendo-achillis." He says: "Hey's operation is both practical and useful; but instead of Chopart's, I should always recommend Syme's amputation."

Having stated that Chopart's amputation should be abandoned, and having cited authorities to substantiate the statement, we will next proceed to show that, considering the foot as a piece of mechanism, Chopart's operation must naturally fail, according to the laws which govern the mechanical construction of the foot.

Take the foot as forming an arch. The os calcis is one base, the cuneiform and cuboid bones form the other, and the astragalus is the key, upon which comes the weight of the body. The tarsal ligaments prevent the arch from spreading, when the weight is upon the key. Perform Hey's amputation on the foot—viz., remove the metatarsal bones—and the anterior base of the arch is not disturbed; consequently, Hey's amputation is both a practical and successful one. But when Chopart's amputation is performed, the anterior base of the arch is removed, so that when the weight comes upon the key, the stump must necessarily tilt forwards and downwards, which brings the cicatrix in contact with the ground. At the same time the heel is tilted up—not drawn up by the contraction of the gastrocnemius muscle, as is stated in the books. Hence the reason why the division of the tendo-achillis in no way prevents the tilting up of the heel.

Again: take the foot as a lever. The gastrocnemius is the power, applied to the os calcis, or posterior end of the lever; the ground under the anterior extremity of the lever, or foot, is the fulcrum; while the body, the weight to be raised, comes upon the line between the fulcrum and power, making a lever of the second order. Now remove all that part of the lever anterior to the weight, as



is done in Chopart's amputation, and the fulcrum is directly under the weight. The lever is destroyed, and no amount of power applied to the os calcis will suffice to raise the weight. The foot no longer being a lever, it would be better to have the leg a little shorter than the other. But in the case of Chopart's amputation, it is actually longer, on account of the tilting forward and downward of the stump, and serves to increase the inconveniences of the operation. We sincerely hope that surgeons will realise the inferiority of this amputation, in comparison with the other amputations of the foot and that it will soon be abandoned.—*Cal. Med. Gazette.*

**LOCAL ETHERIZATION FOR REDUCING STRANGULATED HERNIA.**—Among the applications of local anaesthesia is that of reducing strangulated hernia. Bouchardat in his Annual Abstract of Therapeutics for 1867, quotes from the *British Medical Journal*, the following case:

"A man, aged 35, affected for two years with a left inguinal hernia, and having never worn a support, had suffered for 36 hours with a strangulation produced by a violent effort. The tumor was painful, and there were continuous eructations with vomiting. Mr. Wallace applied the taxis; and Mr. Barclay, in turn, renewed these efforts, but without success, although opium and calomel had been administered."

Before operating, Mr. Barclay suggested the use of Richardson's ether-spray instrument.

He directed the jet on the tumor, and at the expiration of forty seconds the skin became blanched, when the instrument was suspended. Upon reapplying the taxis the hernia was immediately reduced as if by magic.

**TREATMENT OF INTRA-UTERINE POLYPI.**—Dr. George H. Kidd observes that we are indebted to Sir James Simpson's application of sponge-tents for the dilatation of the uterus for being able to detect or treat intra-uterine polypi; but sponge-tents, it is shown, are liable to many objections. They become very fetid when they have been a few hours in the uterus; they require prolonged and repeated applications before they open up the canal of the cervix to allow of a complete exploration of the uterus; and they dilate the os externum to an unnecessary degree before they act on the os internum; and their use may give rise to so much irritation as to be attended with fatal consequences. Instead of sponge, Dr. Kidd recommends the use of scantangle, with pieces of which, sufficiently long to traverse the whole cavity of the uterus, and about the size of a No. 5 or 6 bougie, he fills the canal of the cervix as completely as it can be done without using force or causing pain. If the os should be abnormally small, it might be necessary to introduce a single tent for a few hours, as a preparation for more full dilatation; but in general the parts are so relaxed by the hemorrhage from the polypi, that five or six or more pieces can be introduced at the first attempt; and this is found sufficient to permit of a full exploration of the uterus, and the removal of any polypi found in it. For extracting the polypi, the use of a single wire *écraseur* is found the most certain and simple method. The tumor

is seized in a volsellum, guided to it by the finger on the uterus; and then the loop of the *écraseur* is guided to it by the volsellum, and adapted round its neck by the finger, when tightening the screw divides the attachment of the tumour, allowing it to be extracted along with the volsellum by which it had been seized. Dr. Kidd stated that he had operated in this way on very many cases during the last three years, and had always found it safe and efficacious; and he concluded by exhibiting twenty-nine fibrous polypi that he had removed in this way from the interior of the cavity of the body of the uterus of an unmarried woman aged 56, at four operations; three being removed in the first operation, in September, 1867; nine in the second, in March, 1868; eleven in the third, in May; and six in the following July, when the interior of the uterus was freely painted over with strong nitric acid, with the hopes of preventing their further growth; and, for so far, with good effect. The tumors were found, on microscopical examination, to be simply fibrous, different in this respect from the recurrent fibroid tumors described by West and others; and Dr. Kidd stated that he believed the case to be unique in the annals of medicine.—*Proceedings of Brit. Med. Ass., in Brit. Med. Jour., Aug. 8, 1868.*

In the report of the Transactions of the New York Obstetrical Society, published in the *American Journal of Obstetrics*, we find the following:

**NEURALGIA OF TOES FROM ULCERATION OF OS UTERI.**—Dr. Ovis mentioned the case of a patient who suffered from a neuralgia of the two toes next to the great toe, apparently due to ulceration of the os uteri. She had suffered in one foot or the other for more than a year, and obtained complete relief on the healing of the ulcer, after application of nitrate of silver.

Dr. Emmet had seen a case in which one joint of one of the fingers of the left hand was always affected painfully by uterine disease.

Dr. Peaslee remembered having treated a patient in the State of Maine, who had ulceration of the womb, and in whom applications made to the ulcer always produced pain in the two toes of the left foot, next to the great toe. He had also treated another patient from Brooklyn, who was relieved of a continuous neuralgia of the left foot, on curing an affection of the womb.

Dr. Chamberlain recited a similar case.

Dr. Noeggerath had known a vascular polypus at the orifice of the urethra to cause pain in the ball of the foot, and sometimes in the instep.

Dr. Jacobi related the case of a lady, who always had neuralgia when pregnant, and could diagnose her condition from this circumstance. The seat of the pain was a neuromatous swelling of the cutaneous nerve, on the anterior aspect of the thigh, near the point where the artery, vein and nerve emerge from beneath the sartorius muscle.

**IODIDE OF LEAD IN ECZEMA.**—Iodide of lead is a remedy of great value in eczema. It should be applied in the form of an ointment, 12 grains to the ounce, with 1 ounce of glycerine, and 40 minims of chloroform, to relieve the itching. Another formula is the following:—Iodide of lead, 20 grains;

simple ointment, 7 drachams; glycerine, 1 dram. The ointment of lead of the present pharmacopœia is too strong for cases of chronic eczema or psoriasis, it contains 62 grains to the ounce; whereas, from one-fifth to one-fourth of that quantity is sufficient, and more useful than the pharmacopœial strength. The use of constitutional treatment must be combined with this.—[Dr. W. T. Belcher.]—*Retrospect.*

#### MILITARY HOSPITAL ARRANGEMENTS IN PRUSSIA.

—Professor Esmarch, of Kiel, has substituted the ordinary shirting triangle for the bandage which Prussian soldiers used to carry in their knapsacks. He has managed the triangle in such a way that the first dressing of wounds and fractures can, behind the firing line, be instantly applied, guns and bayonets being used as temporary supports. M. Wittmack has sent to the exhibition of Kiel an oil painting representing an action, and the manner in which the triangle should be used. The picture has attracted much attention, and it has been ordered to be printed on each of the triangles given to the troops, so that they may, on the very linen used, see the manner of employing it.

**THE TREATMENT OF TONGUE-TIE.**—The method which Mr. Maunder has been in the habit of employing to remedy this malformation is to tear or lacerate the membrane with the forefinger. The finger is, of course, introduced into the mouth to ascertain the existence of the deformity, and this is no sooner recognized than pressure directed downwards and backwards towards the floor of the mouth (the finger-nail resting on the frenum) tears the latter, and the object is effected. This means, Mr. Maunder remarks, is very simple, can be carried out under the veil of making a digital examination, and as no surgical instrument is employed, is highly acceptable to mothers.—*Lancet.*

#### To the Editor of The Lancet.

SIR,—In *The Times* of Friday, 16th July, there is an interesting account from Melbourne, Australia, of the death of a respected magistrate of that town from the bite of a tiger-snake. A showman was exhibiting venomous snakes of this description, pretending at the same time that he had a remedy for their bite, which he sold. To prove the asserted fact, he was in the habit of allowing himself to be bitten, and then applying his remedy, without evil consequences. Mr. Drummond declared the snakes were harmless, that the whole business was an imposture, and insisting on being bitten himself to prove his assertion. Although the showman was very averse to the experiment, Mr. Drummond was bitten above the wrist. The usual symptoms of snake-poisoning came on, and notwithstanding the remedy, he died the next day.

The important medical or physiological feature in this case is the undeniable fact that the showman was in the habit of exposing himself to the bites of the same snakes without suffering to any perceptible extent; in other words, that he was proof against the animal poison of the snake.

I believe this fact corroborates an opinion which I have long held, that there are many animal poisons, besides the pathological ones of smallpox, measles, etc., which have the power of so modifying

the animal economy, if it does not succumb to their influence, as to render it subsequently all but proof against them. This fact I may illustrate by the mosquito, whose attacks I witness every autumn on the Genoese Riviera. Most newcomers, fresh from northern countries, are terribly punished on their arrival in the south of Europe, as also in all warm climates; and when these same persons return to the South a second or third winter, they are still bitten, but the poison produces scarce any pain or swelling, as is the case with the natives of the district. In tropical climates it is generally considered, I believe, that the skin gradually becomes less freely supplied with blood, under the influence of continued heat, and less liable to inflame under the influence of the poison. But in my opinion the real cause of this comparative immunity is that the entire economy has been inoculated with the poison, and is henceforth less liable to its action.

A friend of mine, Colonel Meadows Taylor, tells me that he has known in India snake-charmers and others who could bear the bite of the cobra di capello, a most venomous snake, with perfect immunity. Probably, having escaped death the first time they were bitten, the inoculation rendered them proof against the poison afterwards. These facts certainly open the field to much speculation with regard to the influence of inoculation of animal poisons generally on the human economy.

I am, Sir, your obedient servant,

J. HENRY BENNET, M.D.

Grosvenor street, July, 1868.

#### TREATMENT OF ABSCESS BY CHLORIDE OF ZINC.

—At a meeting of the Clinical Society of London, Mr. de Morgan read a paper on the use of Chloride of Zinc Solution in the treatment of abscess connected with diseased joints, insisting upon the utility of antiseptics in general, which he considered a great boon in the treatment of hospital patients. At the Middlesex there had been a remarkable diminution in the number of cases of pyæmia and erysipelas occurring in the wards since these remedies had been generally used. The chloride of zinc seems to form a coagulum over the wound, and this is incapable of decomposition, and fluids in the wound are thus kept free from taint. After some remarks respecting the causes of putrefactive decomposition, he mentioned several cases in which abscess was treated with the chloride under the most unfavorable circumstances. Their cure had been as rapid as could be the case in abscess of the same extent in the most healthy persons, placed under the most favorable conditions. The cases related were chosen simply because they all happened to be in the hospital at the same time.—*Medical Record.*

**TO RELIEVE PAIN IN OPEN CANCER.**—In the London Middlesex Hospital (*Lancet*, Aug. 8, 1868) the intense pain of open cancer is best relieved by the stramonium ointment. The following formula is the one in use at that institution: Half a pound of fresh stramonium leaves and two pounds of lard; mix the bruised leaves with the lard, and expose to a mild heat until the leaves become friable, then strain through lint. The ointment is spread upon lint, and the dressing changed three times a day.

**THE SOLUBILITY OF FALSE DIPHTHERITIC MEMBRANE.**—The *Journal de Chimie et de Pharmacie* for May contains a short review of the work of MM. Bricheteau and Adrian on this subject. One of the experiments is of interest: "A false tracheal membrane, weighing about twenty centigrammes, thick, resistant, and representing a square centimetre of surface, was placed in a tub containing about five grammes of water. To this was added two drops of lactic acid; the solution was then agitated. In two minutes the membrane began to disintegrate, and gave signs of dissolving. A few drops more of the acid brought about the complete solution of the membrane. A more complete result was obtained by using lime-water, so as to form lactate of lime. Solutions of potash and soda acted much less powerful. Bromine water, chlorate of potassa, and common salt were all found less active in promoting solution of the membrane." The authors, therefore, recommend the solution of lactic acid as the best topical application to the false membranes of diphtheria.—*The Practitioner*, July, 1868.

**AMPUTATION OF THE RIGHT ARM AT THE SHOULDER-JOINT, AND EXCISION OF THE SCAPULA FOR SEVERE INJURY OF THE LIMB.**—The case which was communicated to the British Medical Association, at its late meeting, by Mr. V. Jackson, was that of a man admitted into Wolverhampton General Hospital, December, 1864, having previously been knocked down on the railway by the buffer of an engine, the wheel of which passed over his arm. The injuries were so severe that the removal of the limb at the shoulder-joint, followed by excision of the scapula, offered the only chance of saving life. The author drew particular attention to the fact that the scapula had been excised by sawing through the acromion process, thus saving the point of the shoulder—the first time, in fact, that this had been done, all previous excisions of the entire bone having involved a portion of the clavicle.—*Medical Times and Gazette*, Aug. 15, 1868.

**CARBOLATED GLYCERINE.**—George W. Lawrence, M.D., Hot Springs, Arkansas (*Méd. and Surg. Reporter*, February 2d), gives the following process for making carbolated glycerine. In a water-bath ranging from 100° to 150° F., place one ounce of pure crystalized carbolic acid mixed with nine times its bulk, when melted, of pure glycerine, and agitate while hot until thoroughly incorporated. This preparation variously diluted with water or glycerine, is invaluable in phagedena, sloughing ulcers, bed-sores, syphilitic ulcers, and all that class of obdurate ills. It is beneficial in cutaneous diseases of a parasitic origin. Diluted with ten to twenty times its bulk of pure water, it can be used with the atomizer.

**Laceration of Perineum—Baker Brown's Operation.**—In the Cincinnati Commercial Hospital (*Lancet and Observer*, Feb., 1868) two cases are reported in which this operation was performed by Dr. W. W. Dawson, with complete success in one and partial success in the other. Quill-sutures inserted deeply were used, which were removed on the third day after the operation. Opium was given freely, and the urine drawn off frequently. The bowels were kept locked up for several days.

**Gunshot Wound of the Cervical Vertebra and Spinal Cord—Survival 51 Days.**—In the *Atlanta Medical and Surgical Journal* a case is recorded where Private G. was wounded in the neck by a bullet. He lived 51 days. An examination revealed that the ball had passed through the lamina attached to the vertebrae from the spinal portion, so that the spinal portions of the bone were lying loose in the half-formed sac around the injured bone. The sheath of the spinal marrow, posteriorly, was cut across, and about two-fifths of the spinal marrow, was severed.

**Character of the Wounds inflicted by the Chassepot Rifle.**—We find it stated in one of our foreign exchanges, that although with this arm a multitude of missiles can be scattered over the field in a few minutes, and therefore a great number of men rendered *hors de combat*, yet, by reason of the small size of the projectile, the number of fatal injuries is very small in proportion to the total number of wounded.

It has been ascertained on many battle-fields that the Chassepot bullet rarely shatters a bone, but, in a large majority of cases, passes around it.

**Entozoa in Carbuncle.**—The Paris correspondent of the *Leavenworth Medical Herald* for May, 1868, contains the following interesting item:—"Dr. Davaine, in a paper on Carbuncle, states that the blood of an animal that had died from this disorder, was found to be filled with microscopic filiform animalcules, belonging to the *vibro* or *bacterium* kind. This is not the first time such a fact has been ascertained; but the question is, whether the animalcules are the cause, or only the effect of the malady. or, again, whether their presence is a mere accident. From a series of experiments made in order to throw some light on the subject, Dr. Davaine concludes: 1. That the animalcules in question are constantly found in the blood of animals attacked with carbuncles. 2. These animalcules appear in the spleen, the liver and blood before the symptoms of the disease make their appearance; and, 3. The blood of infected subjects ceases to be contagious as soon as the animalcules have disappeared."

**Fractures of the Elbow-joint.**—Dr. Henry J. Bigelow, of Boston, Mass. (*Boston Med. and Surg. Journal*), holds that in simple fractures of the elbow, except of the olecranon, *passive motion*, as laid down in works, is radically wrong and unnecessary; it occasions excessive pain during the operation, and begets active inflammation, besides injuring severely the part under repair, which nature in her own good time will restore better without than with it.

**The Diagnosis of Rectal Diseases.**—Prof. Horatio R. Storer, of Boston, in an article published in the second number of the *American Journal of Obstetrics*, on "The Rectum in its relations to Uterine Disease," gives some useful hints on the diagnosis of rectal diseases in women.

Of late years he has thrown aside every form of anal speculum, save in the treatment of diseases, and depends not only upon the digital examination, but upon eversion through the anal orifice by pressure within the vagina.

On account of the aversion to rectal examinations by ladies, instead of examining the rectum in the first place, as he passes his finger along the recto-vaginal septum in making the vaginal touch, as he formerly was accustomed to do, the following method is substituted for it: The recto-vaginal wall is examined in the descent of the finger from the *forwix vaginæ*, and before withdrawing it fully, the operation of eversion is performed; the act being accomplished before the patient has time to object. This part of the examination being over, she is far more ready to allow the finger to be passed through the anus from without. The finger should be besmeared with some unguent, and he uses for this purpose a weak solution of carbolic acid in glycerine, and the operator can scent it with bergamot, &c.

When the examination is productive of great suffering, ether, in preference to chloroform, should be employed as an anæsthetic; the nausea, vomiting, &c., can be prevented by the use of bromide of potassium. Anæsthetic destroys the patient's feelings of disgust, and relaxes muscular contractions.

**TREATMENT OF VERTIGO.**—Dr. Ramskill, in an article on "vertigo" (Reynold's System of Medicine), alludes to the common mistake of attributing the symptoms to a surplus of blood in the brain, and states, that in most cases it is due to reflux innutrition of the brain from arrested digestion in the stomach; in some, to mental exhaustion; in others, to feeble heart; and a smaller class, to diseases of the bones of the head, and the brain itself.

Gastric vertigo is treated by alkies, strychnine, and other bitters. Wine should be given to persons of advanced age. Vertigo, brought on by overwork, is best managed by bromide of ammonium, generous diet, and wine. Weak hearts should be toned up with belladonna, larch, and digitalis.

**Catheterization of the Air-Passages in Asphyxia Neonatorum.**—It has often been urged that expiration of mucus and other matters, and the general opening from within outward, or below upward, of the respiratory tract, is the one thing needful in asphyxia of the new-born before regular and natural inspiratory movements can go on. On this account, catheterization combined with suction rather than insufflation has often been relied upon in such cases. Dr. BILLMANN, of Neustadt, relates, in the *Aerztl. Intelligenzblatt*, No. xlix, 1867, the case of a new-born apparently dead, in which he introduced a thin catheter into the larynx and made forcible suction. A thick, tenacious, somewhat bloody phlegm passed into the catheter, and immediately a short, deep inspiration took place. After four or five repetitions breathing became gradually established. Aspiration had to be repeated, because phlegm from the smaller and smallest ramifications followed into the larger branches and larynx after the first removal from these. Dr. Billmann admits that electricity may be the most certain means of exciting the contraction of the inspiratory muscles, but urgency and other circumstances of the case often prevent its application. The introduction of the catheter is, however, he says, in itself also a powerful excitant to respiratory movements, and the aspiration of the phlegm and the entrance of the air into the emptied organ are acts so directly stimulating, that it can hardly fail where there is any chance of life

left. He strongly condemns the insufflation of air into the mouth; firstly, because the air hardly ever gets into the lungs, and only presses the epiglottis more firmly over the aperture of the larynx; and secondly, because so much air as does get into the lungs only blows the obstructing mucus more firmly into them. In conclusion, he warmly recommends the thin elastic catheter not only in cases of foreign bodies in the larynx and bronchial tubes, but as an important means of resuscitation from apparent death generally.

**MEDICATED VAGINAL SUPPOSITORIES.**—At one of the meetings of the New York Obstetrical Society, Dr. E. R. Peaslee, of this city, exhibited to the members some vaginal suppositories of butter of cacao, which could be medicated as follows: Five grains of bismuth, three to five grains of sulphate of zinc, with one-twentieth of a grain of atropine in each. Seven or eight hours would be required for them to melt in the vagina.—*Am. Jour. Med. Rec.*

**Extraction of a Pin from the Epiglottis.**—Dr. Tobold of Berlin, records in the *Berliner Klinische Wochenschrift*, No. 9, March 2, 1868, a case which gives not only a new proof of the great value of laryngoscopy,—without which the diagnosis and removal of the difficulty would not well have been possible,—but also shows the necessity of accurate objective examinations. Dr. Tobold admits that if he had used the laryngoscope at once when the patient consulted him, she would have been at least saved from several days of suffering. The foreign body, which really was a pin with the head broken off, appeared as a broken needle sticking fast in the right side of the epiglottis, anteriorly. It looked upward, and with every attempt at deglutition it was necessarily pushed against the posterior wall of the pharynx, causing pain irritation, localized swelling, and apparent abscess formation. The patient, a young lady, had consulted Dr. Tobold five days previously, complaining of having swallowed a little bone while eating soup. Finding nothing on the usual direct ocular inspection, Tobold contented himself with pushing a sound into the œsophagus, thinking the foreign body was too low down to be seen, and that he had thus pushed it safely into the stomach, especially as the patient thought that the manoeuvre had given her relief. When she came back, however, a proper examination revealed the truth, and the pin was removed by means of a polypus forceps, under the guidance of the mirror, without much difficulty.

An autopsy has been performed at Bellevue Hospital on a body that had been perfectly preserved for 72 days by means of carbolic acid; still another public autopsy took place upon the body of a patient who had died 107 days previously, and had been preserved in a similar manner, with the same highly satisfactory results.

We find stated in the *New York Medical Record* that Mr. Syme has bid adieu to the use of the ligature, save in the tying of the large arteries. He employs torsion; and after this operation is completed, he clears out the wound, using a weak solution of the carbolic acid and water (one part to thirty), and covers the whole over with a paste containing carbolic acid, chalk, and other ingredients.

## HAMILTON CITY HOSPITAL REPORT.

Report of the Resident Physician of the Hamilton City Hospital, for the month ending September 30th :

	M.	F.	Ch.	T'l.
No. of patients in Hospital Sept. 1st.	11	14	2	27
" " admitted in Sept. ....	15	13	12	40
" " discharged in Sept. ....	16	6	5	27
" " in Hospital, Sept. 30.	10	19	10	39

The following is the result of treatment of those patients discharged during the month :

No. discharged, cured, 18 ; No. discharged, relieved, 7.

## BIRTHS AND DEATHS.

	M.	F.	T'l.
No. of births in Sept. ....	1	0	1
" Deaths " .....	1	1	2*

The following are the diseases or injuries for which patients were in Hospital in September :

Alcoholism .....	2	Incontinence of urine..	1
Apoplexy .....	1	Impetigo .....	1
Asthma .....	1	Meningitis, Ch. ....	1
Bronchitis, Ch. ....	1	Pregnancy .....	2
Cellulitis, pelvic. ....	1	Patassia .....	1
Debility .....	2	Pneumonia, typhoid..	1
Delirium Tremens .....	1	Phthisis .....	1
Diarrhoea .....	5	Rheumatism .....	1
Fever, intermittent. ....	1	Scabies .....	1
" continued. ....	1	Tetanus, idiopathic. ....	1
Fistula, in ano .....	1	Tinea decalvans. ....	1
Gonorrhoea .....	1	Ulcers .....	1
Injury of arm .....	2	Varicore Veins .....	1
Injury of back .....	2		

(\*Tetanus, idiopathic, 1 ; Apoplexy 1.)

No. of out-door patients treated in Sept. .... 33  
" in-door " .....

Total number under treatment in Sept. .... 100

C. O'REILLY, M.D.C.M.,  
Resident Physician.

## Obituary.

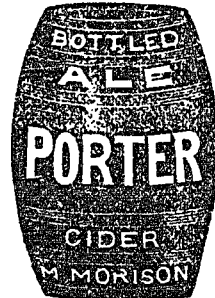
## T. S. PARKER, M. D.

The profession have already seen it announced through the columns of the Daily Papers of the death of this prominent member of our profession. Prominent from the position he held as member of the Dominion Parliament, representing the Centre Riding of Wellington, and also from being engaged in active practice in the Town of Guelph where he previous to the commencement of Political life had secured a good reputation as an able and intelligent practitioner. It does not fall within our province to notice his career there sufficient to state that, he was always listened to with the greatest respect from his known abilities as a public speaker and from being thoroughly posted upon the topics which were under consideration. It was through his efforts that the bill which we now are organized under was passed through parliament, and is generally known as, Parkers Bill, we had hoped that his

services would have been available at the next sitting of Parliament, to aid in passing the amendments to the medical act which are now being considered by the members of the Medical Council, but death has forever snatched away that valuable assistance. He had been in very good health up to the time of the accident, which occurred upon Sunday 18th. Being desirous to return home as soon as possible from Rockwood where he had been called to attend a patient, he started to walk home on the track, and in the night time not noticing the culvert which he had to cross, he fell through a distance of fifteen feet, producing a compound fracture of the thigh and other internal injuries, allied with continual exposure for the space of seven hours, producing death upon Saturday, October 24th, at three o'clock in the afternoon. His funeral took place on Tuesday, the 27th, and was attended by a large concourse of people, and a number of his professional brethren. His sudden death at the age of forty years, we may say just in the prime of life, has produced a great sensation in the community. We are sure the heart-felt sympathies of the profession go with his bereaved Widow and Children.

## EXCHANGES RECEIVED.

*The Medical and Surgical Reporter*, Philadelphia.  
Edited by Drs. Butler and Brinton.  
*Canada Dental Journal*.  
*Buffalo Medical and Surgical Journal*.  
*Half-Yearly Compendium Medical Science*.  
*Boston Medical and Surgical Journal*.  
*Canada Medical Journal*.  
*American Journal of Obstetrics*.  
*American Journal Medical Sciences*.  
*Cincinnati Lancet and Observer*.  
*Medical Record*, New York.  
*Chicago Medical Examiner*.  
*Philadelphia University Journal of Medicine*.  
*St. Louis Medical Reporter*.  
*Illustrated Catalogue of Medical and Surgical Publications*: Henry C. Lea, late Blanchard & Lea, Philadelphia.



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