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Original Communications.

BLENNORRHOEA OF THE LACHRYMAL SAC, WITH
CASES.

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ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS,
PROF. ANAT. TRIN. COLL. TORONTO.

Among the affections incident to the lachrymal apparatus, there are probably none which present a more intractable character than those which implicate the lachrymal sac and its adjacent channels; leading, as such affections generally do, to such an amount of obstruction of the latter as to necessitate some mechanical procedure for their permanent restoration before any reasonable hope can be entertained for the permanent relief of the more obvious symptoms.

There is scarcely a necessity to describe what has been variously termed Mucocoele, Blenorrhœa of the Sac, &c., as it must have come, over and over again, under the observation of most practitioners, especially in this climate. Suffice it to observe that it comes on very slowly and insidiously, with at first

little more than slight lachrymation and puffiness over the region of the lachrymal sac, alternating with changes in the weather, with more or less oozing of a mucoid discharge through the Puncta upon pressure applied over the sac. It may originate either in a prior obstruction of the ducts from catarrhal or other inflammation in neighboring parts, as the conjunctiva or nasal mucous membrane; or it may itself, from repeated inflammatory attacks, lead to secondary occlusion of those channels. In whatever way caused, sooner or later, an obstruction in one or other of the canals sets in, and the complete pathological condition is established.

Periodical attacks of inflammation of the sac, frequently resulting in abscesses, are not uncommon, and these may recur at indefinite periods for a length of time, leading not only to very great annoyance and discomfort to the patient, but to actual disfigurement from the establishment of a permanent, hardened, discolored, sometimes fistulous, and always unsightly patch in the skin, and subjacent tissues in the vicinity of the sac.

The treatment has hitherto been properly directed to the restoration of the obstructed passages; but to show the small measure of success which has attended any one mode of dealing with the matter, we have only to glance at the number of diverse operations which have been proposed to surmount it. There is *catheterism of the nasal canal*, as performed, each in his own way, by Laforest, Bonard, Gensoul, &c.: *Injections*, from above and from below, or through an existing fistula; *Dilations*, either through the natural ducts, or through an artificial opening into the sac; *Formation of artificial canals*, through the lachrymal bone or antrum, or even *extirpation of the lachrymal gland*, and many others.

In those cases which have come under my immediate notice, I have had, as yet, generally no great difficulty in procuring the most satisfactory results from one or other of three modes (single or in combination) which have been lately recommended to meet the object in view.

In the one case the operation consists in slitting up the canaliculi, and introducing a number of graduated probes from time to time,—as recommended by Bowman.

In the second case—by Herzenstein's process—after slitting

up the canaliculi, one or both, a large probe is introduced and the stricture forcibly dilated, on the principle of Bernard Holt, for dilatation of stricture of the urethra.

In the third case, by combining the proceduro of Herzenstein with that of Stilling, after slitting up the canaliculus, usually the upper one, and forcibly dilating the *ductus ad nasam*, a narrow-wedge-shaped knife is introduced into the stricture, and made to divide it in three or four different directions.

The following cases will serve to illustrate the three different-modes of treatment alluded to :

1st. Miss A. B., æt. 50. Three years ago she first noticed a "weakness" of the right eye, soon followed by congestion and subsequent inflammation of the conjunctiva, with burning pain, and discharge (probably catarrhal). After applying poultices and lotions, the inflammation subsided, but the eye continued weak and watery, so much so as to require the constant application of a bandage for five months, and seclusion in-doors. When she first came under my notice, in July, 1869, the conjunctiva of the right eye was somewhat injected and watery, and there was an evident puffiness below the inner canthus. The lower canaliculus was divided, and after being allowed to remain quiescent for two or three days, a probe (No. 3 Bowman) passed in the direction of the *ductus ad nasam*, was with great difficulty insinuated through a stricture in that canal. The same probe was subsequently passed with much less difficulty for a fortnight (twice a week), after which time larger probes—up to No 6 Bowman—were gradually introduced up to the sixth week, when my attendance ceased. From that time—now more than two years ago—she has suffered no inconvenience whatever, and considers herself perfectly cured.

Cases 2 and 3 occurred in the same individual.

Mrs. A. B., æt. 56. About 28 years ago she was attacked with severe inflammation of the right eye, for which she was treated by leeching, &c., at the Glasgow Eye Infirmary. As this subsided the left eye became similarly affected, but to a much less extent. She eventually got pretty well, except that when she caught cold, inflammation was apt to occur in both eyes; and this state of things went on for years, at variable intervals. About seven years since, during one of these attacks, the inflam-

mation seems to have crept into the right, and subsequently into the left lachrymal sac, resulting, in the case of the right, in an acute abscess, and in both in complete closure of the nasal ducts, as shown by a backward flow of fluid through the canaliculi by pressure upon the sacs.

I first saw this patient in March, 1869. Both eyes were very watery, and the parts below the inner canthus full, giving a peculiar flat appearance to the bridge of the nose. On pressure a thick glairy fluid regurgitated into the inner angle of the eyelids. She was unable to read or sew without being obliged to wipe her eyes every few minutes. The right lower canaliculus was slit up, and a small probe passed with some difficulty into the nasal duct. A few days afterwards the large sound of Weber was forced through the passago, and the parts kept dilated by means of the same sound, at intervals of a few days, for about 3 months.

On the left side, the lower canaliculus was also divided some days subsequent to the first operation, and the nasal duct forcibly dilated by Weber's large sound, after which it was never meddled with again.

She can now (Dec., 1871) read or work at her needle, by day or night, for two hours at a time, without the slightest lachrymation or other inconvenience. Both nasal ducts are perfectly free.

4th. Mrs. M. A. W., married, æt. 30. In autumn of 1868, the right side of the face became swollen and painful, as if—as she described it—from toothache. When the swelling subsided, there remained a small, hard lump below the inner canthus, persisting for two years. At first, pressure upon this lump caused a discharge into the nose, but latterly this passage became occluded. The lump increased in size some time after it first appeared (Aug., 1870), became very painful and suppurated, and was relieved by incision. It subsequently inflamed, suppurated, and was lanced repeatedly, till she first came under my observation, in August, 1871, at which time she was suffering from continual irritation of the right eye, there being at the same time an indurated, painful, discolored patch below the inner canthus. This shortly suppurated and was relieved by puncture. Shortly afterwards, when the inflammatory symptoms had subsided, the

lower canaliculus was freely divided to the sac, and after having been allowed to remain quiet for two or three days, a probe, passed in the direction of the nasal duct, revealed the presence of a stricture in that canal. The larger division of Weber's biconical sound was then forcibly pushed through the constricted portion, and after a few minutes, withdrawn. This operation was repeated about once a week for six weeks, after which time the patient complained of no uneasiness, every remnant of the unsightly patch upon her cheek having disappeared.

In the fifth and sixth cases the procedure employed was a compound of that of Herzenstein and Stilling. Both resulted in a perfect cure; and are remarkable, as they occurred in the same individual. I shall here state the case in the patient's own words.

J. J. C., not 28, of a robust constitution, had suffered from stricture of both nasal ducts for a period of fifteen years.

When thirteen years of age, he noticed a free discharge of tears over the cheeks during the winter months. In summer he felt very little annoyance. Pressure over the lachrymal sac always caused an evacuation of water and mucus through the canaliculi. The stricture on the left side was complete from the first; but for a period of several years he could by gentle pressure force the tears downwards into the nose on the right side. These symptoms followed close after a cold resulting from exposure during a storm in December, 1869. When this patient first came to me, I slit up both canaliculi of the right side. After allowing a few days to elapse I passed a small probe through the nasal duct of the same side, which, as I previously remarked, was not completely obstructed. I then passed the larger division of Weber's biconical sound forcibly through the constriction, thus establishing a free channel into the nose. Great relief followed this operation, some time subsequently, however, the channel still remaining somewhat impeded, I introduced Stilling's knife, and notched the stricture in three different directions. Strange to say, the patient did not consider either of these operations at all severe, for they are usually very painful. Two days after the cutting operation, he was able to appear in public without any discolouration of the integument or any subsequent discomfort; in fact, the cure of the

stricture was complete and required no further treatment. So much then for the right nasal duct, and now for the left.

During the summer of 1870, the patient, not being troubled, thought little of the stricture of the left side, but the cold winds of winter drove him once more to seek relief in an operation.

This stricture was complete, and the patient felt some slight apprehension of the probing, inasmuch as some years previously an attempt by another surgeon to force a passage had resulted in the formation of an abscess in the lachrymal sac. However a plan of treatment precisely similar to that employed so successfully in the right, was in the left, followed by an equally flattering result. He can now (Dec. 1871) pass hours exposed to the cold winds of a Canadian winter without the slightest lachrymation, and the openings through the once strictured ducts are so free that he can, by closing his nostrils, audibly draw the air downwards through the ducts, or expel it upwards at will.

COLLEGE OF PHYSICIANS AND SURGEONS, ONT.

ADDRESS OF DR. COVERTON, PRESIDENT.

GENTLEMEN:—You may probably question the necessity or expediency of summoning the Council for the re-consideration of a subject that has already been pronounced upon at the June session, but as the matter in issue was then brought up for debate after several members of the Council had left, and is likely to prove a grave cause of dissension unless some satisfactory adjustment for all the schools can be arrived at, after consultation with my brother colleague—Dr. Hamilton—and other members of the Executive, I thought it better to incur your censure for what, in your judgment, may be viewed as an ill judged and hasty decision, than to have hereafter to reflect that our Medical Bill, which, although of a composite nature, certainly contains a ground of hope for an improved status, both general and professional, had been sacrificed for want of an effort to harmonize discordant views.

There are none present, I apprehend, prepared to maintain that a return to the licensing power formerly possessed by

numerous colleges and schools, would be better than the existing arrangement of a General Council and Board of Examiners, either for the public or the profession; and who would not be willing to exhaust every effort consistent with honor and self-respect, rather than have the present Bill repealed or so changed as to be worthless?

The Legislature of Ontario, reposing confidence in the judgment of the University and Territorial representatives provided in the Act, have deposited the power of governing the profession in their hands, conceiving that they would be alive to its honor, and zealous to promote and direct medical studies according to the advanced state of our science, and meriting by this quality the confidence of the members of the profession.

This high office of controlling the whole body of practitioners and students is now upon trial, and upon your calm and deliberate action, gentlemen, may possibly depend its future measure of power, and the solution of the problem of whether it is possible to steer a straightforward course between *Seylla* and *Charybdis*.

Imperfect and objectionable as the Bill by many may be viewed, it has been highly commended by the leading members of the profession in the United States, and an earnest wish has been expressed in the medical journals of various States that a similar Act might be obtained from their Legislatures.

To maintain usefulness and efficiency for the present Bill, it appears to me that the composite nature of our Council should make us pause before acting as the special advocates for this or that party. Of the probable interested nature of an exaggerated advocacy of medical dogmas, the public is so impressed that none but the most violent will bind themselves absolutely to the shibboleth of a party or credit the unconfirmed statements of either side, and if we hope, in time, to abolish the distinctions of practitioners, we must require a uniform education, embracing the several systems of therapeutics. Under the existing system of written and oral examinations only, I can hardly agree with the Editor of the *Lancet*, that we have no right to inquire where a student has obtained his knowledge or concerning the time occupied in acquiring it, as we all know that it is quite possible for a hard-working man by a system of grinding to pass any

examination he may be subjected to, but what guarantee would that test alone afford of the efficiency of the candidate for grappling with the serious responsibilities of practice.

"Segnius irritant animas demissa per aurem."

"Quam quæ sunt oculis subjecta fidelibus."

To dispense with *curricula*, a far more crucial test must be insisted on; the lax system of two years ago must be replaced by a far more searching one than even the present, and an ordeal similar to that suggested nearly forty years ago by the late eminent surgeon, John Lizars, substituted, viz.,—The chemical examination should take place in the laboratory, the botanical in a botanic garden, the anatomical in the dissecting room, the medical and surgical in the wards of an hospital, the pathological in the museum, and so on, with every subject capable of being submitted to the senses. Such a method would afford the requisite evidence that a period of time longer even than our curriculum involves, had been devoted to the requisition of medical and surgical knowledge, but would prove, by removing all restrictions, highly detrimental to the interests of our universities and schools. After their generous surrender of the right to license, it should surely be the duty of the Council to foster home interests as far as in any way may be compatible with justice to the student, and I trust you may at this meeting be able to agree on such arrangements as will preclude the necessity of an appeal to the Legislature.

The only possible unfavorable comparison that can be drawn between our schools and those of the large cities of the United States and Europe, is, as regards our limited opportunities for clinical teaching. This, I would fain hope, might be remedied by a forcible representation from the Council to the Ontario Parliament, now in session, that any project for reform in teaching to be successful, must be dependent on the endowment of our hospitals, as in them all the accidents and diseases, which it is the glory of our profession to relieve, are accumulated for the purposes of the purest charity, for the enlargement of the domain of science by the best practitioners of the day, and, what is of equal importance to the public, for the instruction and improvement of the students who are afterwards to dispense

their knowledge and skill in a thousand different channels. I conceive that it should be the object of a parliamentary committee to inquire into the present state of the funds of existing hospitals, and on finding—as they unquestionably will—that they are utterly inadequate to the wants of the public and of the schools, to devise some means for supplementing them to the extent required. It should further be a matter for enquiry, whether the profession in the various cities where the hospitals are located; should not have a voice in the appointment of the medical officers, and that these should be employed according to some system of relation for the discharge of their important duties, thus affording an excellent opportunity for giving to the most promising young members of the profession the benefit to be acquired by hospital practice, and opening the road to eminence by allowing unpatronized talent to make its way before the public. Eminent practitioners in advanced life, whose services have been appreciated, who have had their day, should be retained as consulting officers, and as such would do good service after their retirement. Under this improved regime we should have an opportunity of opening wards for the professors of the homœopathic and eclectic doctrine, and of thus affording them the best possible chance for proving their oft-repeated assertions of the superiority of their therapeutics over ours.

Such a concession made freely, and not in the Brabantio style of—

“ We here do give you with all our heart,
Which, but you have already, with all our heart,
We would keep from you.”

would surely be held by the honest believers in these doctrines as a great boon, for as figures cannot lie, they would be thus afforded the opportunity of proving to a mathematical demonstration that, under their treatment, the death rate was less than under the Allopathic.

To place the profession in a position which would render trickery a less tempting adjunct to success in practice, I would even venture to suggest that the system of medical education in the future should be common and compulsory on all, that at every school there should be a teacher of homœopathy and eclecticism, and attendance upon a certain number of lectures on

each of these subjects, necessary for the completion of the curriculum.

The student would then be instructed on the extent to which the presumed general principle of homœopathy, "*Similia similibus curantur*," was to be relied upon.

On the vanishing point of Hahnemann's theory of dynamization—that infinitesimal doses are not only potent, but potent in the ratio of their minuteness; of the period at which, distrusting the *vires medicatrices naturæ* as being equal to the emergency, he should abandon the globules, and by some subtle process of casuistry, which the professor would probably discuss in his lecture, whilst still professing to be treating the patient homœopathically, to adopt allopathic remedies and doses. In eclecticism, I presume, the student would be cautioned against implicit belief in the theories of the Dogmatists, Rationalists, Vitalists, Humorists, Solidists, Empiricists, Homœopaths, and Chemists, etc., to hold rather that the entire truth of medicine did not rest in any one of these systems, and that in treating a case, not being able to establish any general rule, they should be guided by fancy or circumstances. Moreover, as in the judgment of the members of this school, our pharmacopœia was not already sufficiently encumbered with remedies, the lecturer would dilate upon the great power and efficacy of the numerous drugs they have introduced to notice.

By some such plan there would result to the future practitioners, with equalization of privileges, an equalization of knowledge of the different systems of therapeutics, and by this courteous concession we should retain in our schools a large number of our young men who go now yearly to the United States for their medical education. I shall almost certainly be met with the question,—

"How can these contrarities agree?"

I think I can best reply with a French proverb,—

"*Les extremes se touchent*," further that no time can be more opportune for an impartial consideration of our disagreements than the present crisis, and for an honest endeavour to establish a new and enduring foundation for our College of Physicians and Surgeons, so that the dream of a local habitation, even although it be of far more modest pretensions than the imposing struc-

ture in this city devoted to Themis, may at no distant day be realized with all the advantages of Council Chamber, Library Pathological Museum, and offices for President, Registrar, Secretary, and Treasurer.

By a co-ordination of the schools, all artificial distinctions of practitioners would in a short time be abolished, and we might venture to hope that even in the lifetime of the senior members of this Council the wranglings of school-men would so far have diminished as no longer to afford a resemblance to Hobbes' description of the primitive condition of man, "A congeries of atoms, owning no authority, and engaged in perpetual war."

At the recent meeting of the Executive Committee, the question of the possibility of the Council devising some scheme for remedying the hardships of rejected candidates for the final, having to wait a year before they could present themselves for re-examination, was discussed, and the hope expressed that, by the appointment of a central committee of the Board of Examiners, relief might be granted. There is another subject that I should like to draw the attention of the Council to,—viz., the remission accorded to our graduates at the London College of Surgeons, on presenting themselves for the diploma of that body, of all subjects but Anatomy, Surgery, and Physiology, and I have no doubt that at this meeting the Council will consent to the same remission of subjects to members of the Royal College who, with the intention of making this Colony their permanent home, seek registration in our Ontario College of Physicians and Surgeons. By an unsolicited grant of privileges, equal to those allowed, by this time honored College, upon whose roll of fellows and members the most illustrious names in surgery are recorded, we are certainly more likely to obtain the reciprocity that, we conceive our curriculum and examination entitle us to, than by a determination to place members of British Colleges who have been admitted since the passing of this Act in the same category with students. I have forwarded to the Secretary of the London College of Surgeons, to the Deans of the Universities of Edinburgh, Dublin, Glasgow, Aberdeen, and St. Andrews, our announcement for the Academic year, 1871-72, by which they will perceive that, although in clause 7, section 3, there is a novelty that, to them unacquainted with the position of the pro-

fession in this country, may appear questionable, there remains in the whole character of the curriculum and examination a thoroughness that not only surpasses any test of fitness on this Continent, but may fairly compare with any system of examination in Europe, excepting of course the French mode of "Concours" for the appointment of professors.

With such evidence of care and deliberation displayed by the Educational Committee of this Council, and the notice by the Editor of the *Lancet* in the August number of this year, of the significant fact that neither at the examination held at Kingston, nor at the subsequent one held at Toronto, did a single student claim the privilege of being examined in the last four branches, viz., *Materia Medica*, *Midwifery*, *Surgery*, and *Theory*, and *Practice of Medicine*, by either eclectic or homœopathic examiners,—the time, I think, is not far distant when the several colleges of Great Britain will offer complete reciprocity to our Licentiates.

I have received numerous complaints from members of the profession in relation to the inoperativeness of the penal clause in our Medical Act, with requests that at the first meeting of Council I would bring the matter before you for consideration. I am aware that there is a diversity of opinion among the members as regards the expediency of going to the Legislature for any amendments, yet I should be fairly open to censure if I failed to advert to what I am well assured is a general and deeply rooted cause of dissatisfaction.

Dr. Strange has published, in the October number of the *Lancet*, a draft of a Bill to amend the present Act, so as to enable the Council to avoid the expence incurred under the present system of election, and for the purpose of making the penal clause more efficient. If the Council would appoint a committee to report upon it, and either take action or furnish sufficient reasons to the Profession for delay, the members would thus be absolved from the charge of supineness continually made.

As the Legislature is now in session, I consider the moment favorable for again bringing to your notice a subject that some years back, when the Council assembled in Guelph, Dr. Workman most ably commented upon. I refer to the increase of the crime of Criminal Abortion. That more stringent legislative

enactments than any now in force against the sale of noxious drugs are imperatively called for, is sufficiently evident, and unfortunately it is equally evident, from occasional disclosures in the newspapers, that unworthy members of our profession are to be found—let us hope but rarely—capable of leading themselves for reward to the perpetration of such iniquities.

In the nonage of this Council, it seems to me that we are imperatively called upon to exercise all the influence we can bring to bear on the Legislature for the suppression as far as possible, by new enactments, of this foul crime, and not allow our modern *Sponsio* to suffer by comparison with the ancient Hippocratic oath, which reads thus.—“I swear by Apollo the Physician, and Æsculapius, and Hygieia, and Panacea, and all the Gods and Goddesses, that I will keep this oath, that with purity and holiness I will pass my life and practise my art, that I will give no deadly medicines to any woman to procure abortion, nor suggest any such counsel.”

With such an admirable example set us, by the old Pagan physicians, it is surely incumbent on us who have a higher morality enjoined, than that inspired by Pantheism, to endeavor, with all the influence we may possess individually or as a corporate body, to call the attention of Parliament to this crying evil.

CASE OF RETROFLEXED UTERUS.

BY A. ARMSTRONG, M.D., ARNPRIOR, ONT.

I was called on the 17th of October, to see Mrs. H., æt. about thirty-two years, the mother of three children, who was suffering intense pain in the lumbar and pelvic regions. On my arriving at the bedside of my patient, I at once made an examination per vaginam, and found the os uteri low down in the vagina, and a tumor in the fornix vaginae, which on careful examination, per vaginam, per anum and externally, found to be the body and fundus of the uterus. It was firmly packed in the fornix, and against the bowel, causing great tenderness and every effort at relieving the bowels increased the pain and bearing down of which she complained so much. She vomited several times before my arrival and also during my visit. Not having micturated since

the evening of the 15th, the bladder was much distended, which increased the difficulty. As I was about to use the catheter, my patient cried out that she wanted to relieve her bowels. She had scarcely uttered the last word when she sprang up in the bed screaming with violent pain. I placed her on her face and knees, passed the index and middle fingers of my right hand into the vagina and attempted to press up the fundus; succeeded in elevating it slightly; but not finding it ascending sufficiently, I at once, with my left hand pressing on her back, passed three fingers of my right hand into the anus, which was somewhat relaxed from diarrhoea, from which she was suffering when this attack came on, and pressing firmly and steadily, I at length succeeded in removing from its impacted state the fundus uteri. Fortunately for the distended bladder the abdominal muscles were then in a flaccid state. She was so sensitive to the slightest touch in the region of the pelvis that she begged of me not to pass the catheter. I gave her half-a-teaspoonful of Tr. Opii., and sat down to watch its effect. I then examined her pulse and found it small, wiry, and about 110; her tongue furred and brown on the sides, red in the centre and tip. Seeing that she yet suffered much, I gave her about 2 grains of Pulv. Opii and as much Hydrarg. Submur., and left five more such powders, to be given every hour or two, as required to relieve pain and tenderness. Also ordered turpentine stupes to be applied to the abdomen and kept there by a bandage, as I still continued to keep her on her face and knees. After remaining for a short time after the administration of the last dose, and seeing her relieved, I directed the attendants to keep her in this position so as to favour the gravitation of the uterus to its normal position, and also to watch her face that she might not smother in the feather pillow. I then left for home, promising to visit my patient the same day. I called again about midday and found she had voided urine to the amount of about three pints, or probably more, and improved generally. Continued powders, and ordered hot hops instead of turpentine stupes. She complained of thirst and was somewhat feverish. I ordered the following mixture:

R.—Spt. Æth. Nit., $\frac{z}{3}$ ss.
 Ext. Buchu fluidi, $\frac{z}{3}$ ii.
 Liq. Am. acet, $\frac{z}{3}$ iv.
 Aqua Camph. ad, $\frac{z}{3}$ viij.—M.

Sig: A tablespoonful every two hours as long as fever lasted.

I may here mention that the retention of the urine was occasioned by the pressure of the womb in its abnormal position against the neck of the bladder, and as soon as the womb regained its normal position the bladder was relieved and its contents emptied.

18th. Improving. She was rather weak after the acute symptoms had subsided, and the uterus being still slightly relaxed, slight leucorrhœal discharge began to make its appearance, the result of the recent endometritis, accompanied by metritis and pelvic cellulitis. I prescribed as follows:

R.—Quinæ Sulph,	gr. xlviij.
Ferri Sulph.,	ʒ ss.
Syr. Zingib.,	ʒ j.
Ext. Nuc. Vom. fi.	
Tr. Ergotæ, aa,	ʒ iss.
Aq. Cinnam., ad	ʒ viij.—M.

Sig: A tablespoonfull three times daily.

I also ordered Ol. Ricini to move the bowels.

Previous to this attack my patient was a sufferer from derangement of the liver and stomach (an old dyspeptic), her breath smelling strongly of fecal matter. She was also Phthisical.

20th. All the symptoms very much improved. From that time she progressed favourably, and is now able to take charge of her household affairs.

As to the cause of her attack, I am inclined to believe it resulted from the above mentioned inflammation, which tended to weaken the uterine muscular fibre and ligaments. The bowels were also inflamed from excessive purging caused by some powders which she had taken "to act on her liver and womb," as she stated, and to bring on her monthly flow.' From the appearance of the stools the purgative was rather too much of a drastic nature for her delicate constitution, and, as I stated before, it was during the apparent diarrhœa that remained that she was seized with the attack described. Although I never attended this woman previous to my visit of the 17th, from what she told me of her previous ill health, I am led to believe she was a sufferer from Prolapsus Uteri in a minor degree since the birth of her first child.

RUPTURE OF THE RECTUS FEMORIS MUSCLE.

BY KELLY² ADDISON, M.D., FARMERSVILLE.

In my edition of Drutt's Surgery, reference is made, in a marginal note, to a case of rupture of the rectus femoris muscle, in the Med. Gaz., Oct. 19th, 1841, from which I infer that such accidents are uncommon. In that case the rectus did not unite. Perhaps it will, therefore, not be uninteresting to some of your readers to direct attention to the following:—

H. Algure, Esq., of this village, was riding at night over a rough road on a loaded wagon, and the wheels on one side coming in contact with a large stone in the road, he was suddenly and forcibly thrown from the wagon, and, having attempted to save himself by an effort to alight on his foot, he discovered, on rising from the ground, that he had lost the use of his right leg. I found, on examination, the tendon of the rectus femoris, where it unites with the upper border of the patella, completely separated from its attachment as if cut off with a knife, freely admitting the edge of the hand between them.

As I acknowledged myself not very familiar with the best possible method of treating the case, the patient summoned Dr. Brouse, whom I had not the good fortune to meet, but who left for me a written statement of his method of treatment. I subsequently wrote to Dr. Horatio Yates, of Kingston, on the subject, who promptly gave his views, in his usually kind way. Through the medium of your valuable journal, I now beg leave to state the method I adopted, and its results.

I had in my possession a double inclined plane of home manufacture, hollowed out for the thigh as well as for the leg. The hinge was removed and a straight piece of board was screwed to the bottom of either piece, so as to prevent any motion at the joint. The limb, being placed in it, the foot was bound to the foot-board, which was the fixed point in the apparatus.

At about the middle of the thigh, on the upper edge of the thigh piece, on either side, I attached a small piece of tape. Taking a piece of elastic, such as is used for garters, and making it of double thickness by means of a number of stitches at short spaces, to increase the tension, I fastened one end of the elastic

thus doubled, to one piece of tape, and passing it through a loop attached to the edge of the thigh-piece near the knee, to prevent it from slipping, and drawing upon the elastic, I passed it round the lower edge of the patella and through another loop near the knee, and I attached the other end of the elastic to the tape on the opposite side. The elastic thus hugged the lower border of the patella tightly, and carried it upwards, and so continued to approximate the upper part of the bone to the end of the tendon. A strap of adhesive plaster was placed transversely over the patella still further to retain it *in situ*—the limb being bound to the splint by a few bandages and slightly raised above the line of the body.

In the neighborhood of the injury there soon appeared to be a considerable degree of inflammation, eventuating in a diffused, undefined, firm callus, extending between the patella and the end of the tendon.

Mr. Alguire, who is upwards of 60 years of age, remained on his back over ten weeks with the apparatus on the limb as above, before he could be induced to leave his bed, and only then with another smaller straight splint at the back of the limb. This splint being finally removed, at the end of three months he commenced walking with the assistance of a staff,—having a considerable halt in his gait, but, being careful not to expose himself to the chances of undue exertion, now, at the expiration of little over a year, having thrown away his staff, he walks with a very slight,—I had almost said, imperceptible, halt.

REPORTS OF SOCIETIES.

MEDICAL MUTUAL IMPROVEMENT SOCIETY.

St. Catharines, Tuesday, June 13th, 1871.

Dr Mack enquired if a remarkable form of aphasia had been observed in patients under the influence of hydrate of chloral. Dr. Oille had observed that effect.

Dr. Comfort also spoke of the marked difference upon the sensorium of the action of that drug from the various narcotics—especially opium.

Dr. Sullivan asked if the other members agreed with him in doubting the occurrence of vaccino-syphilis. He had seen very grave symptoms produced from vaccination, accidentally with the "grease" from horses, and from a diseased condition existing in an active form in the animal from which the virus is obtained, but he did not believe that constitutional specific disease could be so propagated when in an inactive state.

He considered recourse to bovine vaccination, after the transmission of the virus, a limited number of times and when vaccination with good lymph or crust had failed, very advisable. Dr. Comfort was of the opinion that specific disease could be propagated from the use of vaccine virus.

Dr. Oillo reported a successful case of acute rheumatism treated with Actea.

PERI-UTERINE ABSCESS.

Dr. Mack remarked that he had found the Abscesses, usually called "pelvic" or "iliac," the most frequent in occurrence, the most important to diagnose, and the most necessary to be well understood of any purulent collections within the abdomen—a region where all suppurations are of peculiar significance. He spoke now of Abscesses which form in connection with the uterus and its appendages, both in the puerperal and non-puerperal states.

In the latter the collection seeks an outlet more usually *per vaginam* aut *rectum*, and should have as early relief by surgical means, as possible. In the former it may point if externally, below Poupart's ligament, or higher up in the iliac region, or in front above the pubis, or into the perineal region.

Internally, it fortunately seldom happens to burst into the peritoneum, but seeks an exit as above stated—through the vagina, rectum, bladder, or colon. Of all modes of discharge he believed *per vaginam* to be the most favorable, and when the exploring trocar shows that it can be reached from the outlet, aspiration, or some contrivance of that nature should at once be made use of to suck it out. If it forms again the cavity should be carefully washed out (after previously enlarging the opening by dilating with a proper forceps, or sponge tent if necessary) with a weak solution of carbolic acid.

The same mode of procedure was advisable when the drain was not practicable *per vaginam*, but still within reach. There is no Abscess requiring to be opened more promptly than these peri-uterine ones. Dr. M. had early seen the necessity of this, when called in consultation to a puerperal case when fistulous openings had formed in the perinæum and vagina, and ultimately into the bowel, terminating, after six months of great suffering, in death. There is a suppurative constitution which must often have fallen under the notice of the gentlemen present, generally occurring in the strumous habit, such patients are liable to pelvic Abscess, and generally do well if the Abscesses be promptly opened.

The subject could not be fully entered into separately from pelvic cellulitis, in connection with which he hoped at an early date to bring it again under the notice of this society.

Dr. Sullivan then read the following reports of the clinical observation of the disease occurring in his own practice:—

"I propose laying before the meeting the report of a couple of cases of pelvic Abscess, which lately came under my observation, and in which I had the good fortune to be associated with two of the gentlemen present.

Pelvic abscess is most important to the diagnostician. 1stly, on account of its insidious approach and progress, frequently escaping diagnosis until it has produced serious constitutional results and pathological changes. 2ndly, In its return again, after its apparent cure, to exhaust still more the strength of the unhappy patient who, after months of suffering, congratulated herself on the prospect of an uninterrupted, if not speedy convalescence.

3rdly. The inadequacy of remedies to palliate until nature in her tardy progress gives relief by elimination, the exhausted patience of friends and doctor, and the possible termination of the case from exhaustion, or some untoward complication.

The essence or predisposing cause, seems to be due to an unhealthy condition of the blood, as erysipelas and effusion of fibrin or other morbid products into the cellular tissue surrounding the uterus and ovaries, excited by some local irritation, such as the puerperal state, or injury to the pelvic organs.

Bernets and Goupil state that it is a common disease, and may

be produced by menstrual derangements, leucorrhœgia, etc., and they state that the effusion is owing to pelvic-peritonitis.

Dr. G. Howitt considers it due to subperitoneal effusion, although the peritoneal substance may be affected.

Dr. West calls it "acute purulent œdema."

Virchow styles it, diffuse puerperal metritis and peri-metritis.

Dr. Churchill is of opinion that inflammation of the uterine appendages is generally combined with more or less inflammation of the peritoneal sac.

The experiments of König are interesting, as they tend to show the probable course of the effusion, and account for the tedious character of the disease, he injected the cellular tissue after death in labour, and found that air or water travels along the psoas and iliacus into the pelvis proper, and starting from the antero-lateral portion of the cellular tissue where the body joins the cervix uteri, fills the tissue of the lower pelvis laterally to the uterus and bladder, and along the round ligament to Poupert's ligament, thence backwards and outwards to the iliac fossa, from the posterior part of the base of the lateral ligament, the part first filled is the fossa of Douglas, thence it may pass in front of the bladder, and extend upwards between the peritoneum and abdominal fascia. The following case is quite typical and had an erysipelatous origin as proved by the development of erysipelas in the child.

I attended Mrs. W. æt. 38, in her seventh confinement, on Nov. 2, 1874. She had a natural labour of three hours duration. On the night of the 3rd, she was attacked with severe rigors, great pain in the lower part of the abdomen, quick pulse and irritative fever. Applied warm fomentations to restore suppressed lochia, and allay pain, prescribed Pulv. Doveri gr viij Ant Tart. gr. $\frac{1}{2}$ every four hours. Next day lochia had returned slightly, pain was relieved, prescribed a mild purgative to be followed by Quina Disulph. She convalesced rapidly, and I did not again see her until the 27th, when I was called to treat the infant for phlegmonous erysipelas of the face and arm, I prescribed Sol: Ferri. to child as a local application, and I ordered quinine for the mother with Tr. Ferri. On Dec. 1st, I lanced the child's arm which discharged pus freely. The mother attended but did not suckle the infant, she looked pale and worn, and

complained of dorsal pain, and soreness over the abdomen, rest was enjoined, and ordered Sol. Ann. Mur. and Tr. Hyoseyamus, warm fomentations to abdomen, Morphia Sulph. at bed time. I again saw her about the 28th Jan. she complained of great pain in the right iliac region, appetite very bad, hectic symptoms, weak, rapid pulse, attributed her rigors to ague, insomnias and night sweats. On examination a hard circumscribed tumor could be detected in the right iliac region intensely painful, and as hard as a stone; no heat of vagina; can move the uterus without causing pain, micturition frequent, bowels regular, no drawing up or pain of affected side. Ordered warm fomentations; poultices of slippery elm, warm water enemata and warm vaginal injections of infusion of slippery elm, quinine, generous diet, and stimulants. This state continued till Feb. 12, when in consultation with Dr. Goodman, who coincided in the opinion that a pelvic abscess had formed, an early opening was decided upon, Sulpho-carbolate of quinine with decoction of cinchona were prescribed, and enemata of cod liver oil, and a blister over the tumour. On the 29th Feb., a subcutaneous incision near Poupart's ligament was followed by the discharge of about 6 oz. of healthy pus, with the subsequent drainage of about 2 oz. of pus into the poultices, the abdomen was bandaged, and poultices of slippery elm persevered with, and she improved until about March 15th, when a return of the symptoms took place. The abscess was again opened with a trocar near the first incision, and the contents were well pumped out with an exhausting syringe. From this time she convalesced slowly, and on the 3rd of April, her recovery was complete. I would remark that in this case, chloral in doses of 30 grains proved ineffectual as a hypnotic.

Mrs. C., mother of 6 children, enjoyed good health until three or four days prior to January 31st, 1871. Complained of nausea, want of appetite, pain in the back, bearing-down, difficult micturition, bowels costive, tongue furred, slight fever, pulse 85 and weak.

On a vaginal examination I discovered a tumour in the recto-vaginal fossa, posterior wall of vagina depressed and thrown into rugæ, anterior wall drawn backwards, os uteri thrown up; uterine canal directed forward, bladder slightly distended, could be felt above the symphysis pubis. On examination per

rectum, found a soft doughy tumor. Administered castor oil and an enema of soap and water, which produced copious alvine evacuations. She objected to catheterism, and as she stated that she made a sufficiency of urine, I did not press the matter, but proceeded to reduce what I supposed to be a retroverted uterus by the usual manœuvres, not succeeding I proposed consultation with Dr. Mack.

The following morning, in consultation with Dr. Mack, Mrs. O., after evacuation of the bladder and rectum, was placed under the influence of a mixture of ether and chloroform, and having placed her with her hips at the edge of the bed, in the lithotomy position, the os uteri was seized with a single-toothed forceps and drawn downwards, while firm pressure was made upwards per rectum. No change occurring in the state of affairs, the uterine sound was introduced, and the question of pregnancy being decided in the negative, it was concluded to open into the tumor per vaginam with a trocar. As the patient was very intractable this operation was postponed until the following day.

On the following morning Dr. Mack introduced an exploring trocar and found the tumor to be pus. A trocar and canula with stopcock, used for evacuating the pleura in hydrothorax and empyema, was then plunged into the mass per vaginam, the exhausting syringe having been attached, about a pint of pus was drawn off. Vaginal injections daily were directed, and pills of Sulpho-carbolate of Quinine were prescribed.

No further surgical interference was found necessary, and in about three weeks she was convalescent.

IMPROVED HYPODERMIC SYRINGE.

* * * There are four circumstances which are of the utmost importance for the successful employment of hypodermic medication. They are as follows :

- 1st. The quantity of fluid injected.
- 2d. The degree of the acidity of the solution.
- 3d. The kind of needle employed ; and,
- 4th. The size of the syringe, and the method of manipulation.

Prominent among the circumstances which concur to bring about unfavorable results must be mentioned a *solution that is too dilute*. The injurious effects which result from this cause are chiefly due to the mechanical distension of a large quantity of liquid. This, by rupturing the smaller blood-vessels, permits subcutaneous extravasations of blood, and, by separating a large surface of cellular tissue, and exposing it to the action of a foreign fluid furnishes conditions admirably adapted to induce inflammatory action.

Another circumstance—one more potent for evil than the former—is a *solution too strongly acid*. I formerly used a solution of strychnia, made with dilute phosphoric acid, as being much better than one made with sulphuric acid. It is certainly true that a smaller quantity of the former is as effectual as a larger amount of the latter, yet I have latterly discarded all solutions in which a mineral acid is used as a solvent, and now employ one made with acetic acid. This, being an organic acid, does not seem so irritating to the tissues in which it is thrown, while its solvent power is certainly as great as that of either of the others.

The *kind of needle used* is also of great importance. Judging from analogy we should be inclined to think that the nature of the materials entering into the composition of the needle would be of interest when the subject of the causation of abscesses is under consideration. The liability of all steel instruments to become tainted and poisoned from long usage is a fact well known to surgeons and instrument-makers. * * * No amount of attention on the part of the physician will enable him to keep a steel needle bright, clean, and in good condition when the solution he uses has an acid reaction. The inside will be corroded in all cases, and sooner or later the outside will get into the same state. The material possessing the greatest advantage of which it is possible to make a needle is gold. This metal, as is well known, is admirably adapted to withstand the influence of both strong and weak acids, and never corrodes. It is, therefore, entirely free from the danger of becoming poisoned, and thereby producing abscesses.

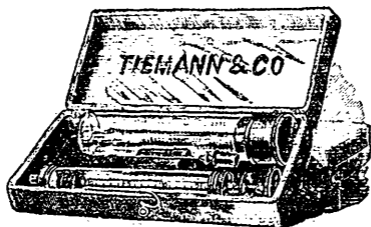
Of fully as much importance as any of the points mentioned is *the size of the syringe and the method of manipulation* in

performing the operation of injecting the solution. The syringe should be so small that, when charged with the liquid to be injected, and armed with the needle, the end of the piston can rest against the hypothenar eminence of the right hand, while the extremity of the needle should project about half an inch from between the ends of the first and second fingers, in which position it can be retained by a moderate pressure with the thumb.

The syringe, properly prepared, being held in this position, the operator with the thumb and forefinger of his left hand, pinches up a fold of skin over the pronator muscles of the forearm of either side of the patient, places the point of the needle against the loose end of the skin so elevated at a distance of half an inch or so from the fingers holding it, and then, with a quick shove, forces the needle through the integument, and by partially closing his hand drives the piston home, evacuates the contents of the syringe into the subcutaneous cellular tissue, and at once withdraws the needle. By this method of manipulating the syringe, the operation can be performed in less than five seconds, and is almost absolutely painless. I have in this manner occasionally injected strychnia into the arm of a child without arousing it from its sleep. The hypodermic syringes in general use are bulky, hard to manage, imperfectly constructed, and entirely unfit for the employment of strong solutions of any remedy, and especially so of strychnia. It is impossible to hold them in the manner above described, and, when not so held, it is necessary to retain the cylinder in one hand after the needle is inserted, while the other manipulates the piston—a measure that is always attended with more or less movement of the point of the needle, and consequently with a greater or less disturbance of the cellular tissue—a very efficient means of producing abscesses.

During the past four years I have been using a single s. ringe—one manufactured by Luor, of Paris—which, notwithstanding some minor inconveniences, was, until lately, the best instrument I ever saw. Some time since, at my request, Mr. Stohman, after several fruitless endeavors, finally produced an instrument which I must say I consider faultless. The cylinder is so constructed as to contain twenty minims, the handle of the

piston is so graduated that as small a quantity as one-eighth of a minim can be injected at a single sitting. This is accomplished by a guard which can be fixed at any distance from the extremity of the piston rod, and, as the graduation enables us to divide a minim into eight parts, this apparently infinitesimal amount can be thrown into the cellular tissue with absolute accuracy. The case enclosing the syringe likewise contains two gold (14 carats) needles, a small bottle with a glass stopper (retained by a metallic shield), and a small wire. The latter is for the purpose of keeping the needles clean, while the bottle is designed to contain the solution of strychnia. The case containing these articles (as can be seen by the wood-cut showing its actual size) is so small that it can be carried in the vest-pocket of the physician.



The solution of strychnia, which my experience has taught me to consider best, is one containing a grain of the drug to one drachm of water, the solution being affected by the addition of a small quantity of dilute acetic acid. The following is the formula which I have furnished Mr. Mittendorf, the pharmacist (Twenty-first Street and Fourth Avenue), who for the past few years has supplied me with the solution that I have employed in my private practice:

R.	Strychnia sulph.,	grs. j.
	Acid. acet. dil.,	ʒ j.
	Aque ad	3j.
S.	Ft. sol.	

This formula will be found especially convenient by those who supply themselves with the above case. The quantity called for by the above prescription will just fill the bottle which it contains, while the strength of the solution is well adapted to the subdivisions of the syringe. Thus, *one minim* of the liquid contains one-sixtieth of a grain—the usual dose with which it is customary to commence the treatment of any case of paralysis. Should it seem desirable to begin with a smaller quantity (and this is frequently the case), as minute a dose as the four-hundred-and-eightieth part of a grain—equivalent to *one-eighth* of a *minim*—can be employed. This is accomplished by the means we have already alluded to in describing the syringe.

We have known some confusion caused by inattention to one little precaution on the part of the operator, which should always be attended to before injecting any substance whatever—that is, to be careful that there is no air in the barrel of the syringe at the time the puncture is made. Should there be, the physician is compelled either to withdraw the needle and expel it—which is looked upon as an awkward procedure by the patient—or to go ahead and inject it into the cellular tissue—an act which is not entirely free from danger. The necessity for either procedure can be obviated by a little care on the part of the physician.

Prior to puncturing the skin, let the physician reverse the syringe (with the needle in place), and while the needle is directed upwards, press gently upon the piston until all the bubbles of air have passed out of the needle, and a steady, clear stream emerges from its point. Then reversing the instrument again, the absence of bubbles at the transparent portion of the cylinder will show that all the air has been expelled. The guard can then be brought to the proper position, the needle inserted, and the injection made without the remotest possibility of anything but the specified amount of liquid passing beneath the skin. After the needle is brought out, the guard should be screwed back, and the remaining liquid in the cylinder forced through the needle for the purpose of cleaning it.—*Reuben A. Vance, in the Medical World, October.*

IODIFORM AND IRON IN THE TREATMENT OF NEURALGIA.

* * * The attention of the physician has been repeatedly called to the combination heading this article as being, in a marked degree, a most appropriate remedy in the treatment of neuralgia, and the following case is presented as an additional incentive to its more extended use.

In March, 1870, I was called to attend Mrs. J. T., *æt.* 59 years; found her extremely prostrated, the pulse frequent, the whole surface of the body bathed in cold perspiration. She was unable to speak, had her right hand resting on her head, and seemed to be suffering intense pain; constitutional condition, nervous and anemic. I ordered morphia sulphas, gr. $\frac{1}{4}$, at once, to be followed by smaller doses at necessary intervals, with sinapisms to the nape of the neck. In the morning following I found relief had been obtained through this treatment.

On further investigation of my patient, and the history of her disease, I found that she had been suffering from what she had been told were bilious headaches for the previous ten years, and that, under this diagnosis, she had been attended by many physicians. The attacks had been intermittent, the paroxysms returning two or three times, weekly, and sometimes remittent, to the extent that one attack was not past before a fresh one commenced. She was unable to attend to her regular household affairs. I informed her at my second visit that her disease was neuralgia, and *not* bilious headache, (I considered it neuralgia of the head, particularly affecting the right infra orbital nerve,) and, further, that I thought I could make a permanent cure for her. I was answered that she had already spent so much money for medicines, that she thought there was no remedy to moot her case, and only wished that she might die. Repeating my assertions, she concluded that, her family consenting, she would give me a trial. I at once ordered the *Pil Iodoform et Ferri*, manufactured by Wm. R. Warner, & Co., Philadelphia.* Before she had taken one hundred of the pills she experienced such relief as to convince her that a remedy had been found suitable

* This preparation may be had of Kerry Brothers and Crathern, Montreal, should any of our readers wish to try it.—[Ed.]

to her case. I advised her to take two hundred of the pills, which she complied with, on my assuring her in so doing she would prevent all future attacks. It is now more than a year since and she has remained entirely well, and fully able to attend to all her household duties. * * *—(A. G. Coleman in the *Leavenworth Medical Journal*.)

REMOVAL OF BOTH SUPERIOR MAXILLARY BONES.

The subject of the operation was Andrew Mayhew, coloured, 36 years of age, formerly of Clarksville, Tenn.

In 1854, he received a blow upon the left superior maxilla, which caused a fracture; necrosis resulted and many pieces of bone were discharged from near the outer canthus of the eye. In 1856 a tumor as large as a hen's egg appeared in hard palate, which was cut out by Dr. McKinney, of Clarksville. In 1861 a tumor of the size "of a walnut" was observed directly under the malar bone; in five years it had increased to the size of a "hen's egg." One day, whilst working, he was struck by a barrel directly upon the tumour, which was followed by great suffering, lasting five weeks, then there was noticed a swelling of the roof of the mouth, which gradually increased. In October, 1870, I had the photographs taken which I now exhibit. The whole of the left maxilla was involved, and in the right anterior nares was noticed a large development.

October 26. After etherizing the patient, I made an incision from the inner angle of the eye down to the ala of the nose and along the upper lip to its centre, and down through its margin, reflecting the flap outwardly; then I passed a saw through what remained of the alveolus at the point of the left central incisor; the mass was seized and depressed into the mouth and enucleated. I then attempted to enucleate from the antrum of the right side the remaining portion of the tumor; this resulted in removing the larger portion of the maxilla, as the walls of this bone had almost entirely disappeared, there being only a thin wall of the alveolus remaining, two molar teeth remained in the deossified alveolus, which dropped down the throat, nearly producing strangulation; I seized the inner angle

and stitched it up to a portion of the membrano from which the tumor of the right side was detached. The integument was united with the interrupted suture.

There was considerable hemorrhage, which was controlled with ice and iced water. After the patient was removed to his bed, there was still too much oozing of blood. To stop it, iced water was injected, and a bladder containing pounded ice was applied over the left side of the face. After two hours there was no bleeding. Morp. sul., $\frac{1}{4}$ grain, ammonia carb., 5 grains; whiskey, $\frac{1}{2}$ oz., was given every two hours. At 8 p. m. morphia was omitted, and the carbonate of ammonia and whiskey continued every four hours.

27th, 7 a. m. Has slept much, no pain, pulse 100, bowels freely moved spontaneously, copious discharge of aropy mucus tinged with blood.

6 p. m. No change of condition since morning. Beef essence and the whiskey have been administered by a syringe with a long nozzle carrying the fluid back into the fauces.

18th, 7 a. m. Has slept well, the discharges are offensive, and the following is ordered:

R. Liquor soda cholerae, $\frac{1}{2}$ oz. Aqua distillat, 8 oz.; to be used freely in washing the cavity.

November 1. The conditions all favourable.

November 2. Considerable febrile excitement. Bowels confined.

R. Fl. Extr. Sennae, 1 drachm every four hours until effective. Also,

R. Potass. Chlor., ʒj.
 Quinine Sulph., grs. xvj.
 Tinct. ferri Mur., ʒij.
 Aqua font.
 Syrup Simp., aa ʒij. M.

Sig., 2 drachms three times a day.

November 4. Patient much improved; stitches removed from wound; adhered by first intention.

8th. Condition excellent. From this time there was a steady improvement until November 23rd, when the patient was discharged.

I am indebted to J. M. McCormick, M.D., resident physician

of Cincinnati Hospital, for the care of the patient and the record of the case. You will notice that the patient, whom I now present to you, is but slightly disfigured. The malar bones and the nasal bones are all preserved, as also the soft palate with a large portion of the covering of the hard palate. There is but a small hole in the roof of the mouth. This serves for a fixed point for the plate of teeth, which Dr. J. Taylor, a young and promising dentist of this city, has provided for the unfortunate man. On the upper plane of this plate is attached a piece of vulcanite, curved so as to hook into the orifice in the roof of the mouth.

There is no evidence of a malignant character in the tumor.

The patient is entirely well, August, 1871.—(W. H. Mussey, M.D., *Lancet and Observer*.

SOME CASES OF PENETRATING WOUNDS OF THE CHEST TREATED BY HERMETICALLY CLOSING.

A more specific report of the following cases, was furnished the Surgeon General as material for the medical history of the late war, but as the publication of that history is so long delayed, perhaps, as repeatedly suggested to me by medical men, the tabulated facts are of sufficient importance to merit publication.

It may be generally remembered that during the late civil war, Dr. B. Howard, Assistant Surgeon, U. S. A., recommended the revival of an old method of treating penetrating wounds of the chest by hermetically sealing them. At the battle of Gettysburg, July, 1863, he obtained permission of the medical director of the 5th Corps to have such cases turned over to him for treatment, and about twenty were so treated. His method of operating was, simply to convert the ragged wound into a clean, fresh, elliptical incision by paring the edges of the wound, closing the incision by deep, close, metallic sutures, cut short and covered by fine lint and collodion.

Dr. Howard, in a paper published about the close of the war, claimed for this treatment a greater success than for the ordinary treatment; stating substantially that the results of hemorrhage and suppuration would be removed by expectoration and absorption.

As the result of these cases is unfavourable to Dr. Howard's claims, I am sorry that I cannot find his paper and quote from it literally, though as only a statement of facts is intended here, and not a discussion of theories, no injustice will be done him.

I may remark that the Surgeon General, in acknowledging the reception of the report, stated that "many facts at variance with the conclusions of Dr. Howard in relation to penetrating wounds of the chest, have already been reported to this office."

It was the opinion of most of the medical men in the corps, whose opinions I heard at the time, that the theory was not sound, and that the practice indiscriminately applied would be no improvement over the old method of simple water dressings, leaving the wound open, and the result of these cases would seem to justify such opinions.

It is but fair to state that some of these cases were very unpromising at the time of the operation, being greatly depressed from shock, hemorrhage, and impaired respiration. Also, that Dr. Howard's plan contemplated immediate operations, while some of these had been wounded twenty-four hours, though I think their condition would average as good as that of the whole number of that class of wounded resulting from the battle.

I was present and assisted in a number of these operations, and received from Dr. Howard, when he moved on with the army July 5th, a list of fourteen cases, which he requested me to look after. As they were in different hospitals, I only saw a part of them daily, but heard from others while they lived, and collected the results given below from the records of the general hospital and medical director at Gettysburg in October, 1863.

In addition to this list of fourteen cases, the names of three others were found, who were known to have been thus treated, and another of whom it was not positive, but all the information obtainable rendered it probable that he had been so treated, making eighteen in all, of whom thirteen were known to have died within one month, and seven of these within from one to four days after the operation. The names of two could not be found on the register; one was recorded as "gun shot wound of shoulder" and "sent to General Hospital July 9th", and another as "sent to General Hospital July 24th"—both dates prior to the reception of patients at the General Hospital at Gettysburg,

so that they must have been sent to some more distant hospital. I have tried to get further information of these four men, but thus far in vain; while the only one of the eighteen known to be living on the first of September, two months after the battle, was L. G. Bradley, corporal Co. B, 136th N. Y. Vols., of whom the Adjutant General of N. Y. wrote me that he was discharged in August, 1863.

Thus excluding one sent to General Hospital and not heard from, two not on register, and one registered "gun shot wound of shoulder," there would be fourteen left, of whom thirteen died; and including those four very doubtful cases, it still leaves a mortality of over 75 per cent.; while of about seventy cases of penetrating wounds of chest (the whole number made during the battle, and including prisoners), about forty were living on September 1st, while the thirty deaths included Dr. Howard's fatal cases.

Taking out his eighteen cases would leave *fifty-two* cases and *twelve* deaths, or about 25 per cent. mortality for the ordinary treatment. It is also worthy of remark, that in all of these cases that lived beyond one or two days, the wounds became open and suppurating, and could hardly have been benefitted by being temporarily closed. A very full and fair consideration of this plan of treatment, and of the limited classes of cases in which it may be applicable, will be found in Dr. Frank Hamilton's work on Military Surgery. Dr. Hamilton thinks the error is in applying it indiscriminately in all cases. Also may be found in the Medical Record, Vol. iv., p. 412, an interesting report by Dr. A. H. Smith, of N. Y., of a case or cases of collapse of lungs from gun shot wounds, recommending hermetical closing of the wound in such case, but without reference to Dr. Howard's theory or plan of treatment.—(W. F. BREAKER, M.D., in *Michigan Medical Journal*.)

PERSONAL.—Dr. Daniel Sinclair, of London, Ont., a graduate of the Victoria Medical School, has just returned, after completing a course of study at St. Thomas's Hospital, London, Eng., and at his final examination at the Royal College of Surgeons, passed with credit, obtaining his diploma of M.R.C.S.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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

TORONTO, JANUARY 1, 1871.

COLLEGE OF PHYSICIANS AND SURGEONS.

SPECIAL MEETING.

The Council met on the 13th ult. and remained in session two days. The President, Dr. Covernton, delivered an address which will be found in another column. He explained the object of the present meeting, which was called to reconsider the resolution brought forward by Dr. Campbell at the close of the last meeting in June, and also in view of the attitude of Dr. Campbell as expressed in a circular addressed to members of the Council, and published in the November number of the *Lancet*.

Drs. Dowar and Berryman objected to the legality of the summons calling the meeting, because it was convened by Dr. Covernton, whose position in Trinity College deprived him of his seat as representative of the Gore and Thames division.

After a short discussion of the subject, Dr. Covernton formally tendered his resignation as president of the Council, which was accepted.

Dr. Clarke was then elected to the chair, and briefly thanked the meeting for his election as President.

Dr. Aikins moved a vote of thanks to Dr. Covernton, late President of the Council, which was carried unanimously.

The Council then proceeded with the transaction of the business for which they had been called together.

Dr. Campbell moved for leave to read his By-law, which was granted, and the By-law was read accordingly. The By-law read as follows:—

“By-law to amend the Regulations for Examination of the pupils of the Homœopathic and Eclectic Members of the College of Physicians and Surgeons of Ontario.

“Whereas it is expedient to alter the regulations under which certain candidates are admitted to examination; Be it enacted, that:

“Until such time as there shall be established in Ontario, colleges, or professorships in existing colleges, where medical science shall be taught according to the doctrines and teachings of the Homœopathic and Eclectic systems of medicine, and approved of by a majority of the representatives in council of these schools respectively, the following regulations for the examination of pupils of Homœopathic and Eclectic members of the College of Physicians and Surgeons of Ontario shall be substituted for those now in force:—

“All students of medicine who have pursued their studies under the direction of one or more of the Homœopathic and Eclectic members of the College of Physicians and Surgeons of Ontario, before proceeding to their final examination, shall be obliged to show:

“1. That they have been engaged in the study of medicine, as above stated, for four full years, under the direction of one or more of the Homœopathic or Eclectic members of the College;

“2. That they have passed the Matriculation Examination prescribed by the Council, and all those candidates whose medical studies shall commence after the first day of January, 1872, shall be obliged to show that they have studied medicine for four full years after passing their Matriculation Examination.

“3. That they have completed the curriculum of study, that they have attended the prescribed period at one or more hospitals; and been personally present at not less than six cases of midwifery.

“4. That they have attended in three separate years—not less than three full winter courses of lectures, at one or more of the recognized Medical Schools of Ontario, or at one or more of the following Medical Schools in the United States: The Clow-

land Hospital College, the New York Homoeopathic Medical College, the Chicago Hahneman Medical College, the Bonnett College of Chicago, the Eclectic Medical College of New York City, or the Eclectic Medical Institute of Cincinnati.

"5 That in all other respects they have complied in full with all the requirements of the Council as to fees, etc., and that they possess all the other necessary qualifications for examination.

"Nothing in this By-law shall be held to prevent any candidate from claiming a special examination upon the subjects reserved by the Council if he shall so desire it.

"All regulations inconsistent with the above By-law are hereby repealed."

Dr. Berryman moved an amendment, which was seconded by Dr. Mostyn, "That the By-law be not received." *Lost.*

It was then moved by Dr. Campbell, seconded by Dr. Bethune, that the bill be read a second time and referred to a committee of the whole—Dr. Hydo in the chair.

After a long discussion which lasted the afternoon of the first day and the forenoon of the second, during which the whole thing was withdrawn clause by clause, the following motion was carried:

Dr. Edwards, seconded by Dr. Hall, moved the following amendment:—"That graduates in medicine, or students from any college in the United States recognized by this Council, shall be admitted for primary or final examination upon passing the Matriculation examination established by this Council, and showing that they have attended one full course of lectures in one of the Medical Schools in the Dominion of Canada, and upon giving proof that they have been engaged in the study of medicine for not less than four continuous years, and that they have attended medical lectures for not less than three full winter seasons, and that they have fulfilled all other requirements laid down in the curriculum of the College of Physicians and Surgeons of Ontario."

Upon this resolution was based the following By-law—

Whereas, it is expedient to amend the By-law regulating the curriculum of candidates for examination before the Board of Examiners. Be it therefore enacted,

That clause 12 in section 2 of the By-law regulating the

curriculum of studies, be heroby repealed and the following substituted:—

1. All students from recognized Colloges outside the Provinces of Ontario and Quebec, who desire to qualify themselves for registration in this Province, shall pass the matriculation examination established by the Council, and attend thereafter one full winter course of lectures in some of the Ontario Medical Schools and such other course or courses as may be necessary to complete the curriculum and pass the primary and final examinations before the Board.

2. All graduates from recognized Colloges outside the Provinces of Ontario and Quebec, who desire to qualify for registration in this Province, shall matriculate, attend one full winter course of lectures in Ontario, and such other course or courses as may be necessary to complete the curriculum and pass the primary and final examinations before the Board.

3. Nothing in the two preceding clauses shall exempt residents of Ontario, who after this date elect to pursue their studies outside of the Provinces of Ontario and Quebec from passing four years in pursuit of Medical studies after matriculation in this Province before the examiner of the Council."

This By-law having passed the Council, a committee was appointed to draft amondments to the Medical Act, and the Council adjourned.

DR. STOKES IN TROUBLE.

At the trial of Kelly for the murder of Police Constable Talbot of Dublin, the counsel for the eriminal raised the question of improper treatment on the part of Dr. Stokes and the surgeon in attendance with him in their efforts to extract the bullet. The only hope of the defence was to discredit Dr. Stokes surgery and make it appear to the jury that the effort of the surgeons to extract the bullet was the immediate cause of death. This is certainly a new feature in legal metaphysics, and had it succeeded would have placed medical men in a rather peculiar position.

In reference to the above the *Medical Press and Circular*

publishes the following important document, which was drawn up in the house of Sir James Paget, Bart.:—"The undersigned, having carefully considered the evidence in the recent trial for the murder of police-constable Talbot, and believing that certain statements made during the trial are likely to affect very injuriously the professional reputation of Mr. William Stokes and the surgeons who acted with him, desire to record their opinion that the bullet-wound in the neck of police-constable Talbot was the direct and sole cause of his death, and that no blame can be justly assigned to any of those by whom the wound was treated.—Caesar H. Hawkins, William Ferguson, T. B. Curling, James Paget, Prescott Hewitt, J. Ashton Bostock, John Eric Erichsen, John Birkett, George Pofflock."

In reply to this a Dublin Surgeon writes to the *Irish Times* to say that he regards the recent manifesto of Sir James Paget and his *confrères* "as an assumption of superiority on the part of the London profession which, though kindly meant, is yet uncalled for."—[The old story over again.]

ILLNESS OF THE PRINCE OF WALES.

We are happy to be able to announce that His Royal Highness is making satisfactory progress towards convalescence. He has passed through what may be called a sharp attack of typhoid or enteric fever, and at one time his life was despaired of, owing to some untoward complications, which were said to have arisen. He is supposed to have contracted the disease during a visit to Lord Londesborough, at his seat, at Scarborough. Nearly every member of the party who visited there at that time suffered from more or less constitutional disturbance, and Lord Chesterfield, who was one of the party, was seized shortly after his return home, and four days subsequent to the date upon which His Royal Highness the Prince of Wales was taken ill, and has since died.

Enteric fever is generally supposed to be caused by the inhalation of the miasm of decomposing animal matter, such as sewer gas, or the pollution of drinking water by infiltration of such matters. Hence, it was naturally supposed, that there was

some defect in the drainage, or pollution of the water in the house of Lord Londesborough. It appears, however, that every precaution had been taken to guard against anything of this kind. The water supply, which is that of the town, is said to be most excellent; and the sewers had been purposely examined, and thoroughly flushed. Although there were no cases of enteric fever in Scarborough lately, several cases had occurred during the summer, and it is also stated that this fever is prevailing at present in many parts of England. Another circumstance of peculiar importance is, that since the Prince was taken ill, one of the grooms, at the Sandringham stables, who did not go to Scarborough, has sickened and died of the fever. No doubt the fullest enquiry will be made, and every possible source of contagion both at Scarborough and Sandringham removed.

It has been supposed, by eminent authorities, that want of proper ventilation of the drain was the real cause, foul gases being allowed to accumulate underneath the building. This is a matter for the careful consideration of the committee, and one worthy the attention of authorities on sanitary matters generally.

His Royal Highness was most assiduously attended during his illness by Dr. Jenner and Dr. Gull, and rumor has it that the former is to be made a baronet, and the latter is to receive the honor of knighthood. We would be glad to see the services of these gentlemen recognized, and we feel certain, that such honors as above mentioned could not be bestowed more deservedly.

CASTOR OIL EMULSION.—We beg leave to call the attention of the profession to this preparation of castor oil, manufactured by Messrs. Archdale, Wilson & Co., Hamilton. It is undoubtedly the best effort to disguise the taste and smell of this most unpleasant substance that we have seen. The proprietors state that it is simply the finest Italian castor oil, so prepared that the smell and taste are both thoroughly disguised. Many of the Physicians in Toronto and Hamilton have proscribed it and they speak of it in the highest terms.

RETIREMENT.—We are informed that Dr. Kennedy has retired from the Professorship of Anatomy in the Medical Department of Victoria College, Yorkville.

CUBAN MEDICAL STUDENTS.

The students in the Medical School in Havana, freed from a lecture by the illness of one of the professors, went into the cemetery, opposite the college, and, unfortunately for the whole class, some of the most mischievous among them, broke some glass, destroyed some flowers, and wrote some scurrilous lines on the grave stone of an officer of the volunteers. These volunteers are a body of soldiers enlisted by the Spanish authorities to crush the patriots who are fighting for Cuban independence; and are noted for their cruelty and insubordination. They demanded vengeance. The students were arrested and tried by court-martial, eight of them were condemned and shot, and thirty others sent to the chain-gang for periods of from four to six years. It is said that the students met their fate with resignation, and expressed sorrow for the act for which they died.

This cowardly act of shooting a lot of frolicksome boys will not help their cause, and according to late accounts, the Government feels ashamed of the butchery, and the Spanish Minister has been at considerable pains to explain it away by charging it to the mob.

HANDSOME DONATION.—We are much gratified in hearing that Sir W. Hooker, of the Royal Gardens at Kew has forwarded to Dr. Hallowell, Prof. of Mat. Medica and Therapeutics, Trinity College, (through Mr. W. T. Goldsmith, of this city,) a collection of rare medicinal plants and seeds. This is to constitute the nucleus of a botanic garden in connection with the Medical School, and will form an entirely new feature in the teaching of those branches of which it takes cognizance.

APPOINTMENTS.—Benjamin Thomas McGh'e, M. D., of the Village of Elgin, to be Associate Coroner for Leeds and Grenville.

Hugh A. Mabee, M. D., of Port Rowan, to be Associate Coroner for Norfolk.

VICTORIA COLLEGE.—Tenders have been advertised for the erection of a building, during the coming summer, for the Medical Department of Victoria College, near the Toronto General Hospital.

NOTES AND QUERIES.

NEW TEST FOR BLOOD STAINS.—J. W. Gunning (*Journal of Applied Chemistry*) has discovered that acetate of zinc will precipitate the coloring matter of blood from solutions. The flocculent precipitate must be washed by decantation, and left to evaporate and dry on a watch-glass, and, if blood has been present, the microscope will reveal delicate hamin crystals.

It is rumoured that M. Nélaton is expected in England shortly. It is said that he will permanently settle in London.

TETANUS.—Among other interesting papers lately read before the Academy of Sciences in Paris, was one by M. Demarquay, in which he showed that several cases of lock-jaw had been cured by extremely hot air baths, followed by the injection of morphia under the skin.—*Lancet*, Sept. 23, 1871.

When will the primary and final examinations of the Council take place? It is time the programme was issued.—**STUDENT**

When will the revised Medical Register be published?—**SENEX.** [That is a *Strange question.*]—**ED.**

What was done with the box of Carson's FEMALE REGULATORS, &c., &c., sent to Dr. Strango for distribution among the members of the Council at its late session?—**A MEMBER.**

The Medical Act states "that no teacher, professor, or lecturer of any of the Colleges shall hold a seat in the Council except as a representative of the College to which he belongs.

How was it that Dr. Agnew retained his seat while lecturer on Diseases of Women and Children in Victoria College in 1870-71? and why is it that Dr. Oldright (Curator of the Museum, Toronto School,) who lectures on Pathological Anatomy still retains his seat in the Council while Dr. Covernton is forced to resign?—**LEX** [Ask Borryman, Dowar, Aikins & Co.]

CORRESPONDENCE.

To the Editor of the Canada Lancet.

DEAR SIR,—Last week the announcement was received with universal satisfaction, that Her Majesty Queen Victoria had been pleased to confer the honour of a Baronetcy upon our highly esteemed citizen Professor Christison. This is the second time during the present year, that Sir Robert Christison has had a lasting honour paid to him, having a bust placed in the University while he is still living. When quite a young man he was elected to the chair of Medical Jurisprudence, which position he held for some years, and contributed much to advance that study. He was afterwards transferred to the chair of Materia Medica, which he still continues to fill, having been nearly half a century connected with the famed University of this city. Since 1858, when the University Act was passed, he has had a seat in the University Court as a representative of the *Senatus Academicus*. He has also taken a leading part in the doings of the General Medical Council of Education and Registration, being one of the members nominated by the Crown. At this present time he is President of the Royal Society of Edinburgh, being one of the highest honours a medical man in Scotland can obtain. His writings upon Materia Medica are so widely known that it is almost useless to mention it. For many years he has been at the head of the medical profession, and largely consulted throughout Scotland and by many from distant parts. His treatise upon poisons has gained for him a high reputation in many countries. His honors have been well earned and it is our earnest hope that he may long live to wear them. It is stated that it was through the Premier, that Professor Christison's contributions to the science of medicine, were made known to Her Majesty as deserving of the honour of a Baronetcy. This is the more pleasing as the worthy Professor is upon the opposite side of politics.

The female medical students are now evidently upon the brink of a precipice, as regards their studying in the Edinburgh University. Both sides have been taking the advice of counsel, and the University found that they had acted illegally in admitting women in the first place, and have rendered themselves liable to damages to the lady students. The University Court

have rescinded all the laws admitting women, so that no more can enter, but they made the offer to those who had already commenced their studies, to allow them to pursue them till they had finished, but this the present lady students would not accept, as they said they were fighting the cause for lady students in general, and not simply for themselves. Such being the case, nothing will be left to them but to remain out in the cold, as they cannot attend the Medical School in connection with the Royal College of Surgeons. The University certainly acted very injudiciously in admitting them without thoroughly looking into the matter, afterwards to find that they had acted illegally in doing so, according to their charter.

F. R. S.

Edinburgh, Nov. 13th, 1871.

(To the Editor of the "Lancet.")

SIR,—

According to promise I send you some cases similar to my last, headed "Wrong Diagnosis," which have come under my observation. Case I.—James —, æt. 48, of strong muscular habit (blacksmith) was attacked with extensive Lumbar Abscess this summer, caused by shoeing a restless timid horse. He had been seven weeks confined to bed, attended by a medical man during that time who treated him for Intermittent fever until about ten days previous to my seeing him, prior to which time my son having been called in, pronounced it Lumbar Abscess, but through courtesy to the medical attendant, withheld the particulars from the patient, merely stating that an operation would require to be performed and to send for him in a few days. The patient became suspicious and sent for me. I took away as much as four quarts of matter, relieved him of the depressing symptoms, gave him the necessary nutriment freely and tonics with stimulants, and the use of Iodide of Potassium freely and continuously. He is now well and there are no signs of any return of matter. This case fully demonstrates the necessity of medical men, particularly young practitioners, thoroughly exploring and investigating the cause of symptoms present before giving their decision or prescribing. It has fallen to my lot to see many such cases as above stated, during the past thirty-five years in this locality.

Case II.—About four years since a similar case occurred in the hands of a medical man—a Licentiate of the College of Surgeons, London,—whose patient had all the well marked symptoms of Lumbar Abscess, with sympathetic inflammation of one testicle which proved troublesome to subdue, and he proposed castration. Now how foolish a medical man must appear who makes such glaring mistakes to be afterwards rectified by another. It shows that the necessity of thorough diagnosis cannot be too forcibly impressed on the students by their teachers, and then when enabled to practice, the necessity of storing knowledge by reading and observation rather than grasping at practice dishonourably as many do, degrading the profession by depreciating the abilities of others and trying to exalt themselves. Such are the means adopted by many country practitioners.

Case III.—A young man, *æt.* 30, was attacked with excruciating pain in the Lumbar region and a medical man was called in. He prescribed remedies to allay pain, but no good results followed. I happened to enquire more fully into the history of the case, and followed up the treatment as inflammatory disease of the membranes of the spinal cord. The symptoms continued, with diminished pain, occasionally in great torture; rather discouraging. The friends also became discouraged after a few weeks, and decided to send for a medical man (a Professor of Surgery in Toronto). He attempted to prove, and remained impressed with the belief (until afterwards informed) that it was a case of Lumbar Abscess. My treatment was followed up strictly, *viz.*: valerianate of zinc, sulph. zinc, tonics, nitro muriatic acid, &c. In four weeks the patient got well and has remained well since, occasionally when exposed to wet he complains of pain, but a cathartic and diaphoretic sets him all right again. So much for a wrong diagnosis.

Yours &c.,

THOS. HENRY, M.D.

Sand Hill, Dec. 1871.

BOOK NOTICES AND REVIEWS.

PEN PHOTOGRAPHS, by Daniel Clark, M.D., Princeton, Ont.

A new work, with the above title, will be issued from the press sometime during the present year, consisting of sketches of celebrated men and places seen and visited by the Author; also including short tales and miscellaneous writings, contributed from time to time to the periodicals of the day, especially to "Stewart's Quarterly Magazine" and the "Canadian Magazine." This publication is undertaken at the earnest request of many of the literary friends of the Author, and because of the popularity the writings have already attained, not only in the Dominion, but in Britain and the United States. The publishers have resolved to sell by subscription only. The book will contain about 400 pages, 12mo., bound in cloth, price \$1 00. Orders received by all respectable Booksellers. These sketches have received the most favourable comments from the Press, both at home and abroad.

RINDFLEISCH'S TEXT-BOOK OF PATHOLOGICAL HISTOLOGY. An Introduction to the Study of Pathological Anatomy. By Dr. Edward Rindfleisch, O. O. Professor of Pathological Anatomy in Bonn. Translated from the Second German Edition by Wm. C. Kolman M.D., assisted by F. T. Miles, M.D., Professor of Anatomy, University of Maryland. 208 Illustrations. Philadelphia: Lindsay & Blackiston. Cloth, \$6.00.

This is an octavo volume of 680 pages. It is the most exhaustive and interesting work on this subject yet published. The works of Virchow and Billroth occupy the ground but partially, and the former is now somewhat antiquated; this volume therefore fills up a gap in the literature of this subject. It is divided into two parts: GENERAL and SPECIAL. The former embraces degeneration of tissues and pathological new formations; and the latter, the anomalies of the different organs and fluids of the body. The woodcuts, with the exception of a few copied from Virchow and Billroth, are original and are well executed. We could have wished that a little more pains had been bestowed on the text by the Translators, so as to adapt it more fully to ordinary readers. Many of the sentences are much involved.

HAND-BOOK OF SKIN DISEASES, by Dr. J. Neumann, University of Vienna. Translated from the Second German Edition by L. D. Bulkley, A.M., M.D., New York, and illustrated with 66 woodcuts. New York: D. Appleton & Co. Toronto: Copp, Clark & Co.

The most important feature of this work lies in the fact that the author gives the most correct as well as the newest views and discoveries in the history, etiology and pathology of skin diseases. Another point of importance is, that it is not only a scientific work, but also contains a great fund of practical information regarding the treatment of skin diseases. The author was for a long time the assistant of Professor Hobra, and has since been connected with the same Hospital as lecturer on skin diseases, and has therefore had abundant opportunities of observation, and his work may be considered a fair exponent of the German practice of Dermatology. It is a most useful and practical work, and we most heartily commend it to our readers.

A TREATISE ON HUMAN PHYSIOLOGY, by John C. Dalton, M.D., Professor of Physiology in the College of Physicians and Surgeons, New York. Fifth Edition, revised and enlarged, with 286 illustrations. Philadelphia. H. C. Lea. Toronto. Willing & Williamson.

Nothing that we can say will either add to, or detract from the popularity of this work. As a text-book for schools it has no superior in America, and the present edition is fully abreast of the times. It has been carefully revised and modified in many parts, while the general plan and arrangement of the previous editions have been retained. Some new illustrations have been added, and a few of the older ones omitted.

BOOKS AND PAMPHLETS RECEIVED.

TRANSACTIONS of the American Oological Society. Fourth Annual Meeting, Newport, R. I. Boston. Alfred Mudge & Son.

The *Family Herald*, an illustrated weekly paper, devoted to literature, romance, agriculture, commerce, news, and general family reading. It is closely printed on good paper, and con-

tains a large amount of interesting reading matter, at the low rate of \$1.25 per annum. It is the best family paper we have seen, and we will be happy to place it on our exchange list.

CATALOGUE of Surgical Instruments and Appliances manufactured by F. Gross, 690 Craig Street, Montreal.

A CONTRIBUTION to the treatment of versions and flexions of the unimpregnated uterus, by Ephraim Cutter, A.M., M.D., Boston. James Campbell, Publisher Price 50 cents.

TRANSACTIONS of the American Ophthalmological Society, eighth annual meeting, Newport. New York Appleton & Co.

ON VASCULAR NÆVI and their treatment by actual cautery by B. F. Dawson, M.D., New York. Reprinted from the American Journal of Obstetrics.

WOOD'S HOUSEHOLD MAGAZINE, published by S. S. Wood & Co., Newburg, N. Y.

The tenth volume of Wood's Household Magazine begins with January 1872. Its regular contributors include Horace Greeley, Gail Hamilton, Thomas K. Beecher, Dr. Dio Lewis, Dr. W. W. Hall, James Parton, etc. Harriet Beecher Stowe, Brick Pomroy, John G. Saxo, Major General Kilpatrick, Petroleum V. Nasby, etc., write for it occasionally. Terms, One Dollar a year. Specimen copies free.

THE PHYSICIANS DAILY POCKET RECORD, by S. W. Butler, M.D., Philadelphia

It comprises a complete visiting list, a classified list of medicines with doses and prices; a list of new remedies, their application and doses; a list of poisons and their antidotes, &c.

VICK'S FLORAL GUIDE for 1872. Giving thorough directions for the culture of flowers and vegetables, ornamenting grounds, making walks, &c. Price ten cents. Address James Vick, Rochester, N. Y.

HOSPITAL REPORTS.

GENERAL SPINAL PARALYSIS, UNDER THE CARE OF DR. AIKINS.

(Reported by William James).

Jonathan R, aged 35, was admitted into the Toronto General Hospital with the above affliction, on the 6th November last.

History of the case:—The patient was working in the bottom of a well, and while the bucket, half filled with water, was in the act of ascending and had reached about half way to the surface (20 ft.), something above gave way, the bucket falling and striking him, when he was, it is thought, stooped somewhat forward. It appears to have first struck the occiput, as there is a transverse wound about three inches in length, penetrating the pericranium to the bone. It is supposed to have then glanced off and struck the back of the neck in the neighbourhood of the 7th cervical vertebra. This is confirmed by the patient's own statement, that the bucket was on the back of his neck when he first regained consciousness. Examination, however, failed to detect any fracture.

Had priapism the day he was admitted. It was found that there was complete paralysis, both sensory and motor of all the body, anterior as well as posterior, from three inches above the nipple, downwards. The right upper extremity was also completely paralyzed. The left was in a similar condition, except that he could rotate the forearm of that side. Respiration is purely diaphragmatic, no motion of the ribs except at the lower part of the chest, and this is caused by the diaphragm. Bladder and rectum are paralyzed, feces pass involuntarily, and the catheter is used twice a day. Pulse—full, soft, and rapid. He speaks quite rationally when interrogated.

9th.—Redness of integument over the nates and trochanters, and a small bed sore on the right outer malleolus, notwithstanding that he has had the benefit of an air bed.

16th.—Patient continues about the same, with the exception of a slight cough. No more bed sores, and those which appeared during the first 48 hours are apparently healing. He eats and sleeps well.

24th.—Priapism again to-day, and on tickling the soles of his feet the muscles of the thigh were observed to twitch.

Partial incontinence of urine; skin dryer; cough continues. Some dyspnoea, catheter used twice a-day, but he did not appear to feel it; sometimes it passed readily but at other times would get caught, as it were, in a pouch. Urine very ammoniacal and offensive. Pulse has continued at about 72 and is strong and full.

28th.—Increased dyspnoea, complains of no pain except in the neck. Has lain chiefly on right side and back. He is considerably worse.

30th.—He died to-day, and the *post mortem* examination revealed the fact of fracture and dislocation of the fifth cervical vertebra, with flattening of the spinal cord at the seat of injury, and a collection of pus in the spinal canal.

A NEW METHOD OF ARRESTING HEMORRHAGE BY THE ARTERY CONSTRICTOR.—Dr. S. Fleet offers (*Medical Record*), this instrument as a substitute for the ligature, acupressure, and torsion. The arrest of arterial hemorrhage is a subject of intense interest to every surgeon, it is attended, at times, with such hazards to the patient, and with such difficulties to the surgeon, that a new method of accomplishing it may not be found unacceptable, the more especially as this method claims to have fulfilled the indications which are considered as those most to be desired by surgeons generally, viz. the closure of arteries by some method which leaves no foreign substance attached to the vessel or in the wound, and is, at the same time, proof against secondary hemorrhage.

It is claimed that such a result can be uniformly arrived at by the use of the artery constrictor, which consists of a flattened metal tube, six inches (more or less) in length, open at both ends, with a sliding steel tongue running its entire length, and having a vice arrangement at the upper extremity, by which it can be made to protrude from or retract within the tube or sheath. The lower end of the tongue is hook-shaped so as to be adapted to the artery to be constricted. It is so shaped, that having grasped an artery, it can be made to contract upon it by means of the vice at the upper end, which forces it within the sheath.

The hook of the tongue is so shaped and grooved as to form only a compressing surface, by which means the artery; when

acted upon by the force of the vice, is compelled to assume the form of the curve of the tongue, and the artery is constricted in such a way that its internal and middle coats give way, but the external coat is preserved intact. The several internal and middle coats contract, retract, curl upon themselves, and are driven down the artery in the form of a plug by the continued pressure of the grooved tongue as it passes on into its sheath. The artery may now be slipped out of the instrument, and it will be found that the external point has been compressed at the point where it was in contact with the instrument, and the internal and middle coats will be found severed and invaginated on either side of the constriction. This invagination of the internal and middle coats is of itself sufficient to arrest the flow of blood; and as soon as the current of blood is arrested in the vessel, a coagulum forms upon the invaginated surface of the internal and middle coats, and this completes the occlusion of the artery.

The application of the constrictor is very simple. The artery is to be caught up by a tenaculum or a pair of forceps (which answers better) and the tongue of the constrictor placed around the vessel; the tongue is then drawn tightly upon the artery by means of the vice arrangement at the upper end of the instrument. As soon as the screw turns with a considerable degree of resistance, or the internal and middle coats are seen to be invaginated, by noticing their movements in the end of the artery, the instrument is to be detached from the artery and the operation is completed.

In large arteries the tongue of the constrictor must be drawn into the sheath further than is necessary for small arteries. This is the one point which it is necessary to attend to in the closure of large arteries, there can be no harm done to the vessel by being drawn well into the tube, and a thorough invagination secured. The invagination of the internal and middle coats may be made as thorough as it is desired, by drawing the artery into the tube as far as needed to effect the object. Some of the instruments have been made with stops, to indicate when a proper invagination was reached, but by further experience it was found that the touch was the best guide for the operator. By a continued traction upon the external coat of an artery, after the invagination is once commenced, the internal and middle coats

may be peeled up and pushed entirely out of the external coat, and this latter coat be drawn out through the shaft, entirely freed from its inner coat, so that the operator has it in his power to produce an invagination to any desired extent.

It is well always to permit the blood to flow into the artery (if it has been controlled by tourniquet or otherwise during the operation) before removing the constrictor; this secures a perfect clot upon the invaginated coats, which can hardly be displaced afterwards.

"The peculiar effect of the artery constrictor upon the coats of the artery—rupturing and invaginating the internal and middle coats, while it preserves the integrity of the external coat," Dr. Speir states, "appears to offer a more substantial ground for confidence than any method based merely upon pressure or an internal coagulum. This, added to the fact that the instrument is instantly withdrawn from the vessel, seems to offer all the advantages which can be expected by any method.—*Am. Journal of Medical Science.*

LOOSE CARTILAGES IN THE KNEE-JOINT REMOVED BY SUBCUTANEOUS INCISION.—Mr. J. Square stated, at the recent meeting of the Surgical Section British Medical Association, that, since he published his account of the operation by subcutaneous incision about ten years ago, when he related nine cases, he had performed the operation fifteen times. The twenty-four cases had all been operated on without selection, and all had recovered without drawback. Cases were brought forward illustrative of the dangers incident to the operations by direct and vascular incision; and the operation practised by the author was described. The loose cartilage is conducted to the inner and lower part of the joint and held there by an assistant. A tenotomy-knife having been introduced, the capsule of the joint is freely incised upon the cartilage; the knife is then directed so as to open the cellular tissue over a convenient part of the fascia. The cartilage is now dressed and lifted out of the joint into the cellular bed prepared for it, and slid along for about three inches. It is fixed *in situ* with a firm pad and adhesive plaster, the foot and leg being bandaged up to the edge of the cartilage, and the limb placed in a splint. If no inflammation ensue, the cartilage is excised about a week after the operation. The paper closed with a few remarks on the different varieties of loose cartilage, their structure and origin.—*British Medical Journal.*