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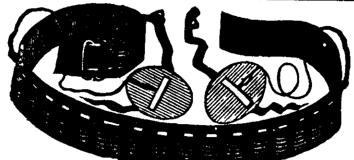

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All our virus is put up in strong, *air-tight, sealed packages,* for safe conveyance by mail or express and will be sent (postpaid if by mail) upon the following terms:

From the Heifer, 10 large Ivory Points, well charged on both sides	$1.50
5 large Ivory points, " " " " "	.80
Large Ivory Points, less than 5, " " " " " each	.25
1 Crust, new method, in air-tight Glass Capsule	2.00
From Healthy Infants, 10 small Ivory Points	1.50
1 Crust from Unruptured Vesicles	2.00

Directions for vaccinating with either form of Virus, derived from methods successfully employed, will be furnished with Virus if requested.

We will warrant every package of Points and every Crust, giving a fresh supply in case of failure reported within fifteen days for Points, thirty days for Human, and ninety days for Kine Crusts. We can usually furnish Crusts one remove from the heifer if preferred.

On account of their unreliability, we have hitherto furnished the usual form of Kine Crust unwillingly. Under our new method of taking and preserving them, however, after careful tests and an experience extending over several months, the results attained have been so satisfactory that we now offer them as not less active and reliable than other forms of Virus, while less liable to become inert with lapse of time. We now offer them on very favorable terms, and recommend them for transmission to a distance, and in all cases where it is desired to preserve Virus for some weeks or months, or to keep a supply on hand for emergencies.

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Small	per 100, 25 cents; per 1,000, $2.00
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IN RUBBER COMBINATION.

Prepared by SEABURY & JOHNSTON.

In undertaking the manufacture of Medicinal Plasters we have but one object in view—THE IMPROVEMENT OF ALL KINDS OF PLASTERS. Among the various plasters manufactured by us is BELLADONNA PLASTER. This article met with a larger demand than some of the others, acquired a reputation among some of the best druggists, and received the confidence of the profession. Its large sale interfered with rival manufacturers, and continuous efforts have been made on their part to prejudice physicians against it.

As these attacks have been of late more malicious than usual, we have deemed it advisable, in self-defence, and in order to place our article fairly before the practitioner, to assign reasons why we consider it the most thoroughly reliable preparation ever offered the medical profession. First, it is a combination of the Alcoholic Extract of Belladonna with Purified Rubber, and thus possesses all of the advantages of the rubber base, being pliable, convenient of application, and not subject to the deteriorating influences of age, as is the case when any other base is used. Second, it is freed from all irritating properties. Third, it is more adhesive than other plasters.

English Extracts—Why we do not employ them.

Imported English Extracts are prepared from the Inspissated Juice of the leaf, whilst our pharmacopœa Extract is treated by Alcohol. The active principle of Belladonna (Atropia) is only partially obtained by Inspissation. The employment of Alcoholic or Hydro-Alcoholic Solvents completely exhausts the entire strength of the drug.

The value of both preparations is clearly presented in an able treatise published in the *American Journal of Pharmacy*, April, 1876, page 145. Our own investigations are substantially identical.

Table of Results.

		Test solution requisite for 100 c. c. of Ext. Solution.	Percentage of Atropia in in Extract.
EXT. BELLADONNÆ ALCOH, U. S. P.		17.732	2.571
LAZEL, MARSH & GARDINER,	American	17.83	2.511
PARKE, DAVIS & CO.,	"	16.264	2.358
BURROUGH BROS.,	"	16.264	2.358
HENRY THAYER & CO.,	"	12.666	1.836
GEO. ALLEN & CO.,	English	9.73	1.411
HERRINGS & CO.,	"	8.103	1.179
E. MERCK, Germany (aqueous extract) made in 1869		1.9	.275

This analysis clearly establishes the fact that the **Alcoholic Extract of Belladonna of the U. S. P. averages over twice the strength of the English Extracts,** and should, therefore, be preferred in all cases where a reliable article is desired. Inspissated and Aqueous Extracts deteriorate, while Alcoholic remain stable.

Therefore the assumption of pretentious manufacturers that English **extracts are superior** preparations, must be based on a former supposition rather than present facts. **The following** analysis substantiates our claim regarding English extracts.

ANALYSIS OF BELLADONNA PLASTERS

BY

PROF. R. OGDEN DOREMUS.

BELLEVUE HOSPITAL MEDICAL COLLEGE, NEW YORK, 1878.

GENTLEMEN—I obtained from Messrs. W. H. Schieffelin & Co., of this city, samples of Belladonna Plasters prepared by Grosvenor & Richards, Boston; Mitchell Novelty Plaster Works; Seabury & Johnson, New York and London. I have examined these varieties for the purpose of determining which possesses the largest quantity of Atropine. I employed equal surfaces of each, and *my analysis demonstrated that Seabury and Johnson's contains the greatest proportion* of the active principle of Belladonna, and is the most reliable plaster.

R. OGDEN DOREMUS, M.D., LL.D."

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PRELIMINARY SESSION opens Wednesday, September 3rd, 1879, and closes September 30th. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 1th, 1879, and closes March 2nd 1880. During this term all the branches of *General Medicine* and *Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

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The RECITATION SESSION begins March, 10th, 1880, and closes June 23rd, 1880. Daily during this term will be held recitations for both Seniors and Juniors, and one or two clinics and a lecture.

The recitations will embrace a thorough drill upon the general subjects of the Regular Session, viz., Anatomy, Chemistry, Physiology, Practice of Medicine, Materia Medica and Therapeutics, Surgery, Obstetrics, Diseases of Women and Children.

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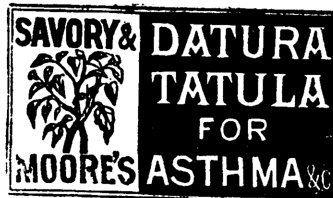

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[EXTRACT FROM DR. HOWARD CANE'S ARTICLE IN THE LONDON LANCET.]

From the great frequency of occurence of acne, and from its manifesting itself on the faces of individuals of both sexes, any therapeutic agent which promises success in this often intractable skin disease will be welcomed by most practitioners. I do not bring the sulphide of calcium forward as a new remedy in the treatment of this disease, for it was recommended some years ago by Dr. Sydney Ringer, but I wish to bring it more prominently into notice as a drug which will often prove of signal service in acne when other means have failed. The success which I attained in my first case which was of a most obstinate nature, led me to try it in others.

CASE 1.—G. R——, a young lady, aged 19, has been troubled for the last five years with acne of the most severe kind. When she first came to me, her face, especially the forehead was thickly covered with acne spots in all stages of development, the inflamed and suppurating papules being very numerous. She stated that she had been to three physicians in London, two of whom are eminent skin physicians. Inquiries into the state of her general health found it was excellent in every respect. Prescribed the sulphide of calcium of which I gave at first one-tenth of a grain four times daily. At the same time I directed her to hold her face over a vessel of hot water night and morning for some ten minutes or more, and then to rub the parts where the little black-topped comedones were very thick with a towel, after which she was to use as a face powder some precipitated sulphur, which I directed to be colored with Armenian bole. At the same time I gave minute and careful directions as to diet, etc., forbidding pastry of all kinds, all salt meats, and enjoined the frequent use of green vegetables, together with regular out-door exercise. At the end of a fortnight I saw her again, and found that there was a slight improvement, there were not many more inflamed papules, and the black-topped comedones were considerably fewer in number. I determined to persevere. I now ordered 1 10 grain to be taken six times daily, and to see me again in a fort night. At the end of that time I again saw her, and, though there was no very great improvement that I could see, still the patient declared she was better. I now increased the dose of the sulphide to one grain daily, and see me again in a fortnight. I now increased the dose to one-fourth of a grain six times daily, with a very excellent result; in another fortnight to half a grain six times daily; and at the end of another fortnight not only but few spots appeared, but they were much less inflamed than usual, and the others were rapidly disappearing, and the complexion was much clearer. To take one grain six times daily for another fourteen days. I then saw her again. From this time the progress was uninterruptedly good. No fresh spots appeared.

CASE 2.—J. C———, a young lady 20 years of age, came to me for an eruption on the face which she had for a year, and which had gradually become worse. I prescribed the same diet and face powder, and gave the same directions as in case 1, but gave to begin with, one-fourth of a grain of the sulphide four times daily, gradually increasing the dose to a grain six times daily. At the end of six weeks she was nearly well, and in another month I saw her again, when she was quite cured. She had taken the sulphide in all two months, gradually diminishing the dose during the fort night. I may here say that this patient also had been taking various drugs for some months previously, but without any appreciable result.

I have before me notes of fourteen other cases treated exactly in the same way, but which I need not detail, as they were merely repetitions of the two given above. The result in eleven out of these fourteen were perfect, whilst in the remaining three, though great benefit was derived, the cure was not complete. I now always begin with a quarter of a grain four times daily, gradually increasing the dose to one grain six times daily, or according to the progress and severity of the case.

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Parv. **Aloin**	"	1-10	"
Parv. **Aluminis**	"	1-10	"
Parv. **Ammonii Chloridi**	"	1-10	"
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Original Communications.

ANTISEPTIC OVARIOTOMY—MULTILOCULAR OVARIAN CYST—EXTENSIVE PARIETAL ADHESIONS—RECOVERY.

BY ARCH. E. MALLOCH, M.D, HAMILTON, ONT.

Ovariotomy has of late become such a common operation, that I would hesitate to publish a single case, were it not among the first, if not the first done in Ontario on strictly antiseptic principles, according to the directions given by T. Keith, F.R.C.S., Edinburgh, in his paper on "Results of Ovariotomy, before and after Antiseptics," which appeared in the *British Medical Journal* for October 29th, 1878, and which the Editor of the CANADA LANCET, has kindly offered to reprint in this number.*

July 28, 1878. Mrs. B. æt 56, widow, native of Orkney, consulted me at the office for "dropsy," which proved on examination the following day at her house, to be ovarian. She had noticed for some months that she was getting "bigger," and about March, that there was a "lump" which fell to the left side when lying on her back. The abdomen was prominent, dull on percussion excepting above and on the sides, and presented a longitudinal sulcus, well marked above which suggested there being two separate cysts meeting in the middle line; fluctuation distinctly felt in the right and left tumours, but not from one to the other. There is a hard mass of some size on the right portion of the tumor. Uterus slightly anteverted to the left, of nearly normal size. Girth, one inch and a half below umbilicus, 37 inches; measurement from ensiform cartilage to pubis, 14¼ inches.

As she was in moderately good health, and able to walk some distance, it was thought advisable not to operate at once. The following remarks in T. Spencer Wells' 3rd lecture, delivered June 14th, 1878, "on the diagnosis and treatment of abdominal tumours" induced me to postpone the operation; "so long as the patient is moderately comfortable, so long as she can walk a mile, or for half an hour, without much inconvenience, so long as she can get up and down stairs, so long as there is no great pressnre upon any of the organs of the abdomen or pelvis, and she can breathe pretty well, and her heart is not interfered with, such a patient as that may be left to ordinary palliative treatment, with the usual attention to the general health."

About the first of November, as the tumor had increased considerably—the girth by 2 and the measurement from the ensiform cartilage to the pubis by 4½ inches—and as she had suffered considerably from abdominal pain, and had lost flesh, I thought of operating, when Dr. Keith's article came to hand. His wonderful success under antiseptics of "no death of the last forty-one operations" compelled me to postpone the operation till the apparatus necessary for proper antiseptic precautions, was procured from Edinburgh. The patient was seen from time to time during the following months, and notes taken of the progress of the case. The tumor increased in size, and œdema of the legs and lower portion of the abdomen set in; she suffered at times severely, from pain in front, and had an almost incessant, though not copious bloody vaginal discharge which was looked upon as a "pressure symptom," as the uterus was almost normal in size, and quite moveable and the os—nodulated as it was—probably fissured in her deliveries—was quite soft.

May 9, 1879. Ædema of the abdominal walls more marked, and abdomen more pendulous. Girth ½ inch below umbilicus, 41 inches; measurement from ensiform cartilage to pubis, 20½ inches.

May 21.—12.30 p.m. After the ordinary preliminary antiseptic precautions, the patient being under the influence of ether, the operation was proceeded with under the spray and more than two hours elapsed before she was replaced in bed. Universal parietal adhesions were found except above the umbilicus where the upper extremity of the incision terminated. After partial separation of the adhesions the largest cyst was emptied of its grumous contents, and through its wall three

* For Keith's article, see page 139.

other cysts were tapped and emptied; the remaining firm adhesions to the abdominal wall were then broken down and the more solid portion of the tumour which was free from adhesions was drawn through the wound and the pedicle exposed. The pedicle which was from 4 to 5 inches in breadth, sprang from the right broad ligament, and by holding it up, it was seen that the vessels entered and emerged from the tumor at its borders, in bundles the size of one's finger; ligatures of "prepared cat-gut" were passed round these bundles and tied; the pedicle was then cut across and "dropped in." After securing with fine "prepared cat-gut," several bleeding points in the adhesions which oozed after the removal of Kœberlé's forceps, the abdomen was thoroughly sponged free from all blood and small clots. A glass drainage tube was passed to the bottom of the cul-de-sac behind the uterus, and the wound was stitched with silver wire in the ordinary way.

The dressings consisted of a strip of "protective" to cover the wound, and a large gauze dressing of eight thicknesses, which had been soaked in an 8 per cent solution of carbolic acid and glycerine; this dressing was split below to encircle the drainage tube. A portion of the drainage tube outside this dressing was encircled with several folds of the gauze soaked in the same solution, and its mouth plugged with a small piece of sponge moistened with the same; these dressings were then secured by a gauze bandage passed round the body and the thighs. The extremity of the plugged tube, which was higher than the dressings to allow for tympanitic distension, was then inserted into the concavity of a large sponge soaked in the glycerine solution. By this means thorough antiseptic guarding was secured, while easy access was given to the drainage tube without disturbing the main dressing, by removal of the large sponge which rested on the dressings and not on the tube. The spray played upon the parts from first to last, excepting for a short time when the boiler had to be replenished with water; during this interval the exposed parts were covered with a cloth dipped in 1 to 20 solution of carbolic acid in water.

May 21st.—4 p. m.—An hour and a half after the operation. P. 95; T. 97⅗°. Vomited once 40 minims of laudanum given per rectum. 7.30 p.m. P. 106; R. 26; T. 101$\frac{0}{4}$° F. Third—ice in small quantities ordered; 6 oz. urine removed by catheter. 11.30 p. m.—P. 106; R. 24; T. 100⅗° F. Thirst, ice continued; 50 min. laudanum per rectum. 6 oz. urine.

May 22nd.—7.30 a.m. P. 92; R. 20; T. 98⅘° F. Slept soundly ½ hour, and dozed now and then during the night. 8 oz. urine. 4.15 p. m. P 96.—R.—; T. 100° F. With the spray playing the sponges were removed, and one ounce of red serum was drawn off through the tube by means of an india rubber tubing attached to a syringe. 8 oz. urine. 11.30 p. m. P. 96; R. 20; T. 99⅗° F. A teaspoonful of milk ordered to be given every hour.

May 23rd.—7.45 a. m.—P. 96; R. 20; T. 99° F. With spray ʒij red serum drawn off. 6 oz. urine. 4.15 p. m. P. 96; R. 20; T. 99° F. ℥ss. red serum drawn off. 6 oz. urine. 11.30 p. m P. 96; R. 18; T. 99° F. ʒvi red serum drawn off; vomited once. 8 oz. urine.

May 24th.–7.30 a. m.–P. 84; R. 15; T. 97$\frac{5}{4}$°F. F. ℥ss. light serum drawn off; retched a little; vomited once. 8 oz. urine. 4 p. m.—P. 92; R. —; T. 98⅗° F. Vomited at 3.30; was easy till then; ½ oz. red serum drawn off; ½ cupful of beef tea ordered per rectum every 3 hours. 11.20 p. m.—P. 92; R. —; T. 99⅕° F. Vomitted at 8 and 10 p. m. ½ oz. red serum taken off.

May 25.—7.30 a. m.—P. 84; R. —; T. 98⅖ F. Vomited at 5 and 6 a. m.; ℥ ss. red serum drawn off; ½ teaspoonful of milk and lime water ordered every 30 minutes. 4 p. m.—P. 90; R. —; T. 98⅘° F. Has not vomited; quantity of milk and lime water doubled. 10.30 p. m.—P. 90; R. —; T. 98⅖° F. Doing well; more milk and lime water ordered.

May 26th.–8 a. m.–P. 86; R. easy; T. 98⅗°F. Says she feels better. 4 p. m.—P. 84; R.—; T. 98⅗° F. ½ oz. red serum drawn off. 10.45 p. m.—P. 88; R. —; T. 98⅗° F. Feels full, but no abdominal swelling perceptible.

May 27th.—8 a. m .P. 84; R. easy; T. 98⅖°F. Rested well; feels full. 4 p. m. — P. 85; R. easy; T. 98⅗° F. Little sleep; wound exposed, apparently soundly healed. 10.30 p. m.—P. 92; R. easy; T. 98⅖° F.

May 28th.—7.45 a. m.—P. 90; R. easy; T. 97⅘° F. 4 p. m.—P. 90; R. easy; T. 99° F. ʒ iij of serum drawn off, drainage tube removed. 10.50 p. m. P. 96; R. easy; T. 98° F. Vomited a little at 6 p. m.

May 29th.—8 a. m.—P. 90; R. easy; T. 98°

F. Rested well; passed urine for the first time. 5 p. m.—P. 90; T. 98° F. Takes beef tea and milk. 11 p. m.—P. 90; T. 98° F. Has taken an egg.

May 30th.—8 a. m.—P. 90; T. 97° F. 6 p. m.—P. 84; T. 98° F. Wound examined at the lower part where tube was; healing rapidly.

May 31st.—8 a. m.—P. 84; T. 98°F. 6 p. m. P. 84; T. 98⅘°.

June 1st.—10 a. m.—P. 84; T. 97⅘° F. Enema of warm water ordered.

June 2nd.—9.15 a. m.—P. 84; T. normal; bowels moved for first time; stitches removed.

June 3rd.—Was sitting up in bed.

The patient gradually regained her strength and flesh; and was soon able to walk and visit her friends, and in October she did the household washing. The temperature, the pulse, in this case, show the absolute freedom from fever.

The *Glasgow Medical Journal* for November 1879, gives the following sentence referring to ovariotomy. "Of late, Dr. Keith has operated on every case which presented itself to him, many of them with enormous adhesions and yet he has had (October) sixty-five cases in succession without a single death."

There can be little doubt with this wonderful experience of Dr. Keith's, but that the use of antiseptics will make as radical a change in the treatment of ovarian cysts as the lithotrite has of calculus of the bladder. The rule will be to operate as soon as the nature of the case has been clearly made out, and not to wait as T. Spencer Wells advised till it is a necessity.

RUPTURE OF THE URETHRA—EXTRAVASATION OF URINE—COMPLETE RECOVERY.

BY J. R. HAMILTON, M.D., M.C.P.S.O., STRATFORD, ONT.

On the 28th of August last I was called to see Thos. H., a carpenter by trade, who had on the previous day received an injury to the perineum by by falling from a building, striking the edge of a board in the descent.

The prime cause of his trouble now is that he has not passed any urine since the accident occurred, and I find that the scrotum is very much enlarged and discoloured, the discoloration reaching as high up as Poupart's ligament. I told the patient that he had rupture of the urethra, and then procured a large catheter (No. 12,) and contrary to my expectations, passed it into the bladder with very little difficulty, and drew off a large quantity of urine which gave him the desired relief. I then tied the catheter *in situ*, and proceeded to make numerous incisions with an ordinary bistoury in the scrotum and neighbouring discoloured parts. I then ordered warm bran poultices to be applied to the scrotum and groin, and also ordered the patient to remain quiet until I returned again; did not deem it necessary to give any medicines internally as the patient showed very little constitutional disturbance.

Aug. 29th—Patient passed a good night; discoloration the same; pulse 82. No constitutional disturbance save a little nervousness; urine passes through the catheter pretty well.

Sept. 1st—On withdrawing the catheter to-day, which was creating a little irritation owing to its roughness I found that on pressing the scrotum I could eject, through the urethra, large quantities of fetid bloody urine, and could by this means empty the scrotum. I then took a small trocar and made two deep punctures in the scrotum, one on each side, drawing away all the fluid, and made several fresh incisions in the skin in the area of discoloration. I ordered the patient to continue the bran poultices, and after replacing the old catheter by a new one, and binding it in its place, I left him pretty comfortable.

Sept. 3rd. Discoloration much less to-day; patient slept well; no grave constitutional symptoms. Had to change catheter to-day, as the gum elastic is the only one applicable, and the outer surface very soon gets rough in contact with urine. I had very little difficulty in introducing a No. 11; there is a slight discharge from one of the openings in the scrotum when the patient endeavours to pass water.

Sept. 5th—Still some discharge of purulent urine from the opening in the scrotum; the discoloration is rapidly disappearing. On examination I find a good deal of thickening of the urethra at the triangular ligament, which for the first time enabled me to locate the injury. On supporting this part of the urethra and asking the patient to pass his urine, he could do so with greater ease than when unsup-

ported. There is a good deal of contraction on on the side of the scrotum that has the opening for discharge; to continue the poultices.

Sept. 10th—Patient doing well; no constitutional trouble; scarcely any discharge from the opening in the scrotum; catheter has to be removed to be cleaned occasionally.

Sep. 15th—Removed the catheter to-day, and found the patient could make water pretty freely through the natural passage, and allowed him to abandon catheter and poultices on trial.

Sep. 21st. Came to me to day complaining of the stream of urine being small and forked, and I found some difficulty in introducing a No. 5, after which, however, I got in a No. 6 and 7, and finally a No. 8. There is considerable thickening and hardness at the seat of injury; ordered the application of the ungt, iod. co., night and morning; general health good; no symptoms of extravasation of urine. I advised him to call every second day to have a catheter passed, in order to overcome the stricture, to which he was liable during the healing process, but the patient since that date has not been as attentive as he should. Feeling that he is well has made him a little careless, and now at the time of writing, October 29th, he has called but three or four times in all. I have, however, succeeded in keeping the canal of the urethra open, although I often had to use a metallic sound instead of the ordinary catheter which always bent more or less when it came in contact with the thickened portion of the urethra. This thickening has now, however, almost disappeared and he can pass a good stream of urine. His health is good and he has been working for some days at his trade.

REMARKS.—In nearly every work on surgery, very grave constitutional effects are given as the result of this injury. Now in this case the constitutional effects were almost *nil*, for after relieving the bladder in the first instance, the pulse never ran higher than 85; there were no chills, no cold sweats, no faintness, no vomiting, although the local symptoms of escaped urine were undeniable. Another point the authors all seem to agree upon is the great difficulty, amounting in many cases to an impossibility, in passing a catheter. In this case (whether the occurence was accidental or not), there was none, or scarcely any difficulty in passing that instrument. There is one thing in reference to the continued use of the catheter in ordinary use that I would like to speak of, and that is their liability to clog up and cause the urine to pass along the outer surface, the very thing in these cases it is desirable to avoid. Were it not for this and their liability to become rough on the outer surface the gum-elastic catheter is a much more pliable and painless instrument than the metallic.

I might say in conclusion that had I a similar case again, I would use the trocar much earlier than I did in this case.

LYMPHO-ADENOMA OF THE NECK-EXTIRPATION AND CURE.

Translated from the Revista-Medico-Quirurgica (Spanish) Buenos Aires.

BY J. WORKMAN, M.D., TORONTO.

Early in September, 1878, a boy named José Longo, a native of Buenos Aires, aged 10 years, was admitted into the hospital, de San Luis Gonzaga, under the care of Dr. Pirovano. His parents, who enjoyed excellent health, stated that about five years ago they noticed a swelling on the left side of the neck, which in its commencement increased slowly, but about a year ago it began to assume large proportions.

He presented a tumour of the size of the head of a fœtus at full time. It occupied the whole of the supra-clavicular triangle, the lateral region of the neck, from the base up to the parotid, and crossing to the right side it extended to the sterno-mastoideus muscle. Outwards it reached the acronion, forwards it passed down over the clavicle, and overlying the insertions of the pectoralis major, and backwards it extended to the scapula insinuating itself beneath this bone. It was lobulated, and though it presented a soft consistence, certain points offered a resistance like that of cartilage; pressure on these caused some pains. The neoplasm was divided by two great sulci, produced by the pressure of the mastoid and the trapezial muscles. The subcutaneous veins, but above all the external jugular, were much dilated. The general state of the boy was not very satisfactory; although he had no fever, he was anemic, and had a tenacious cough, which was aggravated in the horizontal position, but there was no expectoration, and no stethescopic indication of morbid process in the

thorax. No other tumour presented in any region of the body, and as to the normal ganglia, they were imperceptible.

In consideration of the fact that the existence of the boy was compromised by the presence of the neoplasm, we decided on its extirpation. The opportunity for the operation had come, and in presence of the danger of death from asphyxia or inanition, consequent on the mechanical action of the enormous neoplasm, all hesitation vanished. We did not enter on the discussion as to its malignity or the contrary, its reproduction or not, or its deadly action by cachectic poisoning. There we saw a body which compromised the trachea, the œsophagus, the superficial and the deep veins, and very probably the recurrent nerve; all circumstances calling for prompt surgical intervention. It is certain that an operation of this character, in the depths of a region so delicate, could not be exempt from great dangers.

We took every precaution for the avoidance, or the provocation, of immediate and consecutive accidents. We felt sure as to the commanding of arterial or venous hemorrhage, but we had to take into account the capillary hemorrhage. Our patient, according to his stature and weight, could not contain more than three kilograms of blood (6lbs. 10 ozs.), and the loss of two pounds of this fluid might seriously endanger his life. An operation of this nature, with so vast a traumatic superficies, and lasting more than an hour, might cause the loss of this quantity of blood by mere exhalation (oozing). We left out all thoughts of the use of the galvanic cautery, since the operation was one in which, above all things, we must clearly see where the vulnerant instrument reached, and might by contact, or by simple radiation of caloric, cauterize the wall of a tube, a vessel, or an important nerve. We considered the great inconvenience presented by the perchloride of iron in the cauterizing of so large a surface, and putting it into worse conditions for speedy cicatrization. It was imperative to keep in view that a copious suppuration might terminate the life of a boy already much debilitated. It was necessary that we should find a special hæmostatic, which would place the traumatic surfaces in such conditions as would secure healing without suppuration, and we gave the preference to an alcoholic solution of salicylic acid, with the double object of obtaining both its hæmostatic and its antiseptic action.

On the 3rd of November the boy was placed on the operating table, anæsthesia was produced, and in the presence of the distinguished alumni of our school, Drs. Ugarteche, Jorge, Aveleira, Knoglang. and others whom I do not recollect, the operation proceeded in the following manner: A curved incision of the skin was made below the clavicle, extending from the acromion to the sterno-clavicular articulation; a fold of the skin and the cutaneous muscle was dissected as far as the parotid region and the anterior border of the trapezius. The external jugular was divided between two hæmostatic clips. The tumour was then grasped with a strong forceps, and upward traction was made; its anterior border and its base were dissected from their attachments, care being always taken to carry the cutting instrument clear of the surface of the neoplasm. It was separated from the posterior part of the clavicle and the subclavian vein, a strong adherance of the scalenus was destroyed, avoiding to touch the phrenic nerve; it was separated from the brachial plexus and the subclavian artery, and the dissection was carried backward as far as the subscapular fossa. Here the tumour was mounted as a saddle, over the cervical border of the scapula, requiring its separation from the supra-spinatus, the great serratus, and the sub-scapularis muscles. Passing to the anterior internal part, the clavicular portion of the sterno-mastoid muscle was cut, and changing the position of the forceps, a new traction of the tumour was made, separating it from the carotid, the internal jugular, the œsophagus, and the recurrent nerve; it was dissected from the trachea and the thyroid body, in effecting which it was found necessary to separate with the hook the sterno-hyoideus and the thyro-hyoideus muscles, as the neoplasm penetrated into the right region of the neck. New tractions were made on the superior part, and it was separated from contact with the parotid and sub-maxillary glands, drawing out a part insinuated between the bellies of the digastric muscle, and separating the tumour from the hypoglossal nerve and the two carotids, as at the height of the thyroid cartilage it penetrated the ganglionar mass as far as the walls of the pharynx.

We had now spent an hour in this laborious dissection, and when we supposed our task ended, we perceived that there yet remained large masses behind the top of the sternum, which insinuated themselves over the mediastinum, and others between

the scaleni, and many more between the transverse processes of the cervical vertebræ and the posterior muscles of the neck. We were delayed half an hour in this delicate part of the operation, having finally eliminated the tumour without any accident. It was truly impressive to contemplate this vast fuming surface in whose depths were seen the nerve plexuses and the large injected veins, whilst the silence was broken by the vibrations of the carotids and the subclavian.

Sixteen hæmostatic pincettes were applied on the arterioles and small veins, and torsion was made on a branch of the transverse cervical, which was the chief nutrient artery of the neoplasm. The capillary hemorrhage was controlled by continually applying compresses soaked in the alcoholic solution of salicylic acid, on the cut surfaces, as they became gradually exposed. Furthermore, many hemorrhagic accidents were averted by the use of an instrument much overlooked by surgeons, and which is always present in their cases. We allude to the spatula, which in our operation performed the principal *role* in the dissection, and which we shall in future recommend especially for the extirpation of large tnmours. By its obtuse point, its fine non-cutting edges, and its curvature, it seems as if expressly made for insinuation into the lax connective tissue, without injury to the partitions and walls of important organs. It possesses a marked superiority over the handle of the scalpel. Half an hour after concluding the operation, all the hæmostatic pincettes were removed, and the traumatic surface was perfectly washed with the salicylic alcohol, and when it was quite dry, exact apposition of the cut parts was made, and three Chassaignac tubes were left in, one leading from behind the sternum, another crossing the whole region and coming out by a contra aperture by the spinal border of the scapula, and the third from between the scaleni, coming out at the external angle of the incision. The edges of the wound were united by twelve stitches, and the Listerian occlusion was made, compression having previously been made over the supra-scapular hollow, in order to prevent the existence of any sac.

The progress of the case was very satisfactory. There was febrile reaction for three days, but the temperature scarcely exceeded 39°C. (102.2°F). The cough, dyspnœa and dysphagia completely disappeared, and the deep cicatrization took place so rapidly that twelve days after the operation the boy not only quit his bed, but walked about the courts of the hospital. The lips of the wound, however, suffered a *contre-temps*, due most probably to an epidemic of diphtheria then prevailing in the establishment. There remained only one little spot for cicatrization, when suddenly it took on an ulcerating character, which had to be combated by iodoform, and about a month was required for complete healing. The boy now enjoys excellent health, and the cicatrix below the clavicle can hardly be distinguished.

The tumour weighed 1250 grammes (2¾ lbs.); and consisted of 78 lobules, the largest about the size of a hen's egg, the smallest, of a chick pea. Some were soft, contrasting with the cartilaginous hardness of others. All were united by a lax connective tissue, and formed various groups surrounded by an incomplete fibrous capsule.

CASE OF PLEURO-PNEUMONIA, COMPLICATED WITH EMPYEMA.

BY J. H. RYAN, M.D., SUSSEX, N.B.

With a hope that the history of the following case may be of some practical interest to the readers of the LANCET, I beg to contribute it towards the literature on this subject.

On the evening of the 12th May, 1878, I was summoned to attend J—— O——, a native of N. B., a farmer, single and æt. 25. He was of a robust constitution, and had always enjoyed good health, but he was addicted to the vice of intemperance and often suffered in consequence from exposure. It was in this way that he contracted the above disease.

His present illness commenced twenty-four hours previous to my visit, with pain in his right side, cough and dyspnœa. On physical exploration of the chest there were revealed engorgement of right lung with pleurisy. The pulse was beating tumultuously at 122 per minute, and the inspirations 33; temperature, 104.5°; the skin was perspiring freely; and the tongue was furred. Fomentations were ordered to be applied over the right lung, and an aperient administered. A mixture containing carbonate of ammonia and vin. ipecac. was directed to be given at regular intervals, and a Dover's powder to be taken at bedtime.

May 13.—No improvement, but felt easier in the afternoon.

May 14.—Pain more intense, crepitant and subcrepitant rales audible over the right lung; pulse, 94; inspirations 25 per minute; and temperature in the axilla, 102.6°.

May 15.—Delirium; pulse, 86; inspirations, 34; lower half of right lung solidified. A small quantity of brandy allowed, and supporting remedies in moderation.

May 16.—Feels better; pulse, 86; temperature, 102.5°; complains of pain along the crest of the right ilium.

May 19.—Spent a restless night, and complained much of dyspnœa and pain in different parts of the body; pulse, 80; inspirations, 30; temperature, 100.4°; cough insignificant, and appetite tolerably good. Physical signs of this date reveal the left lung and upper lobe of the right normal, and the vesicular murmur and resonance more pronounced at the base of diseased lung, and the general symptoms denote improvement.

May 23.—Pulse, 75; inspirations, 30; temperature, 100.7°. A specimen of urine examined gave a faint acid reaction; no albumen; the chlorides increasing, and sp. grav. 1010. The dulness was greater and more pronounced at the base of right lung than when examined four days previously. By changing the position of the patient I was able to detect fluid in the right pleural cavity in small quantity. Elaterium and buchu were prescribed with a view to hasten the absorption of the effusion.

May 25.—Area of dulness increasing; pulse, 105; inspirations, 32; temperature, 98.8°. Urine tested gave the same indications as before, excepting the sp. gr. which was greater. The patient continued on in much the same condition; the hydragogues and diuretics failing to reduce the effusion to any perceptible amount.

June 3.—The symptoms more aggravated; pain, cough, restlessness, loss of appetite, an anxious countenance, and low delirium. Pulse, 128; and temperature, 102°.

June 5.—I indroduced the needle of a hypodermic syringe into the pleural cavity and withdrew one drachm of purulent matter, and informed his friends that it would be necessary to operate and remove this collection.

June 6.—I performed the operation of paracentesis thoracis in the eighth intercostal space, in the axillary line, and withdrew 30 ounces of purulent lymph. The patient felt much relieved after the operation, and the inspirations fell to 24 per minute; pulse, 98; and temperature, 101.1°. A morphine powder was ordered to be taken at bedtime.

June 8.—Perceptible improvement. The bowels being constipated senna was administered. Some bulging yet noticeable on the diseased side, which on measurement being made was 18 inches from spine to sternum, one inch greater than the corresponding side, but an inch less than it was previous to the operation. Right lung comes down lower in front, but still dulness exists at the base. His diet since yesterday has been a little too much, consisting of 3 oz. brandy, 1½ pints of milk, a dozen oysters, some tender broiled beef and biscuit.

June 9 and 10.—Feels not so well to-day; pulse, 96; and tongue becoming coated. Physical examination of the chest reveals left lung normal, heart normal, but right pleural cavity becoming more distended with fluid, though no increase in measurement.

June 14.—The symptoms being unfavourable I concluded to make a free opening of the pleural cavity and insert a drainage tube. Assisted by Dr. B. McMonagle, I made a free opening into the eighth intercostal space in the axillary line, introduced a rubber drainage tube about three inches, and secured it by transfixing the tube with a harelip pin, which was readily passed through strong, adhesive plaster in such a manner as to make a complete and simple appliance for securing it to the chest. About 30 ounces of sanguinolent fluid escaped through the tube, after which the pleural cavity was washed out with a weak solution of carbolic acid. The pulse before the operation was 124, after it, 104; respiration, 30 before, and 24 per minute after the evacuation of the liquid.

June 15.—On removing a small plug I had inserted into the tube to prevent air from entering, 12 ounces of pus escaped, and the cavity was washed out with a solution of permanganate of potash. His diet to be nutritious, and to have porter, a wineglassful every two hours.

June 16.—Much improved. The discharge today amounted to one pint. Cavity washed out with carbolic acid solution.

June 17.—Improving; pulse, 88; respiration, 24; temperature, 98.7°; and no discharge from

pleural cavity since yesterday. Injected Condy's fluid in half-a-pint of warm water, which returned without any increase in quantity. Prescribed a mixture of potass. iodidi and tinct. cinchonæ co.

June 18.—Is not so well to-day. By turning the patient well over on his side so as to bring the opening as low as possible, about 9 ounces of very thick pus escaped. Condy's fluid was injected and allowed to remain ten minutes, the patient rolling over so that the wash might be generally distributed over the pleural surface. After it came away the patient went to sleep immediately.

June 19.—Is better; ten ounces of pus escaped. Cavity washed out with carbolic acid solution.

June 20.—About 20 ounces of pus escaped today.

Juue 22.—The tube cut short, and a large handful of oakum applied with the tube open.

June 23.—Was sent for in haste, as the patient had fainted. His sister, who had been intrusted with the injecting of the fluid, was told to cease the injection, but did not do so—which caused great distress and syncope. From this time forward, however, the case progressed rapidly.

July 1.—I ordered the tube to be stopped for 26 hours; on the removal of the plug, only one ounce of thin liquid escaped.

July 7.—The tube was removed, and the patient continued to improve. He convalesced so rapidly that he was able to work in a short time, and cut all the hay on his father's farm without assistance.

Remarks.—I would urge upon the profession the advisability of early operative interference in empyema. To operate early it is necessary to be well satisfied that fluid exists in the pleural cavity. This is quickly and positively ascertained by introducing a hypodermic needle in one of the intercostal spaces and drawing off some of the fluid if any exists, the nature of which can then readily be determined. There can be no danger, according to late English authorities, should the needle of the syringe accidentally enter the healthy lung, or the liver. This is a valuable aid in the diagnosis of this disease, and may be instrumental in preventing many grievous errors, similar to the following instance: A few years ago I remember having been called to attend a patient, in the absence of the family physician. I diagnosed the case, pleurisy with effusion. I did not see the case again for several weeks, the family physician having returned and taken charge of the case. I was not called in consultation as I expected to have been, but learned that owing to the disease not progressing favourably the attendant physician called in consultation another medical man, and they came to the decision the case was one of pneumonia.

A few weeks later passing that way, I was called and asked to step in and see the sick man who was still confined to his bed. I refused to do so, but being assured that he was not under any regular physician's care, I reluctantly consented to see him only. He was much reduced and not able to assist himself in anyway. The physical signs indicated liquid in the pleural cavity. I informed the invalid of the fact, and urged him to have it removed by operation, and that if he did not have it so removed the collection of purulent matter would probably make its own way out if he lived so long, but he persistently refused.

A few weeks later, curiosity led me to call and see how far my predictions had been verified. At the base of left lung in front, a diffused redness existed with an aperture in the centre from which a thin purulent matter made its escape. On the right side above the right nipple and towards the sternum was a round hole the size of a goose quill, through which air and thin purulent lymph would whistle and flow with every inspiration and expiration. This man lingered on for weeks and even months, and suffered from painful bed-sores. Nature had done her part in making a spontaneous opening, but too late, his life slowly ebbed away, within twelve months from the commencement of the disease.

Correspondence.

PUBLIC PROSECUTOR.

To the Editor of the CANADA LANCET.

SIR,—Will you kindly permit me through your valuable space, to call attention to the state of the medical profession in the eastern counties of Ontario. In the May number of the *Lancet* a correspondent under the signature of "Justice" referred to it, at the same time accusing the public prosecutor of not doing his duty towards the licensed medical men. "Justice" complained most of midwives, but I do not think any physician could injure himself much by personally prosecut-

ing them. I do not myself ask the public prosecutor to look after them, but I do ask, and believe I have a right to ask him, to come down to this section occasionally. "There are larger fish to catch here than midwives." I have waited patiently to see if the appeal of "Justice" would be responded to, but I must say I have been disappointed.

In two adjacent counties only, (in one of which I have the misfortune to have settled) there are no less than *twelve unlicensed* medical men, and but *six* that are licensed, and in almost every case do these unlicensed men hold the best fields, shielded by professional etiquette and the carelessness, or, I believe more truthfully, the laziness of him who is appointed to look after our interests. I believe it is quite useless to write to the present worthy prosecutor, as I have been informed by surrounding medical men that they have done so more than once, but their requests have all passed unheeded.

These men who are thus "sponging" upon the courtesy of their qualified brothers, are, with few exceptions the meanest of practitioners, using underhand means to injure those they ought to respect. What would some of your western medical men think of practitioners who would treat an ordinary case of diarrhœa as typhoid fever, colic as peritonitis, follicular tonsillitis as diphtheria, &c., and by the rapid cures that must follow such trifling disorders, to build up their reputation and secure lucrative practices? Some of them systematically make it appear that their patients are much worse than they really are, even when their diagnosis is correct, in order to *worm* themselves as far as possible into the gratitude of the public. Every physician is aware how much such doings affect an ignorant public. Yet such are the means taken by the unlicensed (and even some of the licensed) men in this section. Not content with usurping the rights of others they stoop to such low, mean practices as the above, to further injure their legally qualified neighbors. I am not writing what others have told me, but what I have observed myself. It has been said and will be again I suppose, that we should prosecute personally, but these men so work upon the sympathy of the public, that it is worse than useless to attempt such a procedure. It is all very well for Dr. Harris of Brantford, in his answer to "Justice" to advocate prosecution of these men personally; he may be an old practitioner whose practice is firmly established, but for young men to act as he advises, would be a sure means of dispensing with what little practice they have. Now I think we have as much need of a visit from detective Smith as any section in Ontario; for I venture to assert that there are no two other counties whose unlicensed practitioners are as two to one.

Trusting that this may lead to some good, and thanking you for inserting it in your valuable journal.

I am yours truly,

Dec. 15th, '79. FAIR PLAY.

To the Editor of the CANADA LANCET.

SIR,—The LANCET for November, 1879, contains an original communication on "Antiseptic Surgery," by Dr. Canniff of Toronto, which I hope will not pass unnoticed. Dr. Canniff refers to Mr. Savory's address. I would refer him to the columns of the *Lancet*, (London), and *British Medical Journal*, for various articles, editorial and in correspondence, dealing with Mr. Savory's address, and dealing with it in a very satisfactory manner. Particularly he might read the articles by J. Greig Smith of the Bristol School, and Thompson of Richmond Hospital, Dublin. Dr. Canniff had no necessity to trouble himself, or fill the columns of your paper with cases treated *without* Lister's method, and doing well, as the majority of cases treated surgically before Lister was known, as well as those now treated by other methods than his, do well. The experience of every surgeon must be sufficient on this point. These cases prove nothing *against* Lister, but if good, may be better, and if Lister's method insures this, why not follow it? Then Dr. Canniff gives a case from Charing Cross Hospital. He selects one of those cases in which no certainty can be had, that septic matter had not got into the wound, and remained there in spite of treatment. Besides, considering the novelty of Listerism at Charing Cross, is it not fair to ask if the treatment was really Listerian? Three or four days should have decided as to the asepticity of the wound. It were folly to keep on the dressings longer if not aseptic. He refers to Hutchinson's method; it is no doubt excellent, so was that of Callender, but that does not prove Lister's is not "a more excellent way." I think Dr. Canniff shows something like spleen when he speaks

of "missionary journeys," etc. Dr. Canniff need not envy Dr. Lister's well earned glory. I do not wish to hurt any man's feelings, but I would ask any surgeon to take a course of Lister's clinics, and if after six months he did not change his mind I should suspect he had none. I wonder if Dr. Canniff would have kept his seat in dignified contempt, while all the representatives of medical science at the Amsterdam Congress stood up to cheer and welcome Professor Lister.

Mr. Editor, I may appear too harsh, but having been a student of Prof. Lister, I look upon these letters on Listerism, (as I do upon letters in non-medical papers by medical men) as doing great injury to our profession.

W. S. MUIR.

Truro, N.S., Nov. 20, 1879.

To the Editor of the CANADA LANCET.

SIR.—In the current number of the LANCET there appears a letter from the President of the College of Physicians and Surgeons of Ontario, which requires more than a passing notice. In this letter the President in plain and unmistakeable language acknowledges that he has thrown the ægis of the Council over a class of individuals who style themselves "midwives," although it is well known in all the communities which they infest, that nine-tenths of them possess in no shape or form, any license or document whatever, that any special instruction or knowledge has qualified them for such a title. In equally plain language he also gives his own peculiar interpretation of the Ontario Medical Act, as his reasons for so doing.

Let us analyze them; he says: 1st. The College of Physicians and Surgeons is not to be regarded as an institution to afford protection to the "*licensed*" against the "*unlicensed*" but the very opposite. 2nd. The intent of the Ontario Medical Act was simply the protection of its lieges from ignorant "*men*" acting as physicians; it never went beyond that, and the college was instituted for the express purpose of carrying out this intent and no more. The question therefore for the general body of the profession to consider is, whether they are prepared to endorse such an interpretation, and if not, what effect it is likely to have on its present and future prospects.

No. 1 is easily answered. If the College is not to protect the licensed against the unlicensed, what use it may well be asked, is it to be licensed? Only those who can stand its test, can receive their license, which is given to them as the President says, in order that the College might be able to put into exercise the only function which it possesses, viz: that of affording protection to its lieges,"—but I would ask him, why the licensed practitioners of Ontario are to be excluded from the privilege of participating in the rights of a liege as well as any member of the general public? I should have thought that as one of the constituent or component parts of the College, he would have the right to protection. The act says that the whole of the profession of Ontario is to be incorporated as the College of Physicians and Surgeons, thus giving them the inherent right to protect themselves; hence taking this view of it, neither the Council nor its President are performing their duties in thus shirking what plainly is a duty.

It the Council chooses to throw its mantle over the unlicensed, telling the profession as the President very elegantly does in the last lines of his letter, to go and protect themselves if they have "a call of conscience" or if they think the "game is worth the candle," why should we be taxed? Why pay in our money to keep up a set of men who manifestly only perform one half of their obligations, "by" (to quote the President's own words,) "not setting in work the processes of the law" which he very naively says, is "not breaking the law." On this point I would ask him, what was the intent of those who framed these processes? Was it that they should be called out when required, or that they should remain for ever a dead letter? If the latter, what a farce to frame them. The President acknowledges that the College is a failure, and has many faults. I think that most will agree with me, that of its numerous shortcomings, and they are many, this one of dereliction of duty, and a manifest disinclination to properly and thoroughly carry out the provisions of the act, is one of the greatest, and the chief cause of the great dislike that exists towards it.

No. 2, or the President's interpretation of the intent of the Ontario Medical Act is to my mind, rather a curious one, and will not I imagine, receive general endorsation. To deal with it, I must quote the words of the act on this point. It says: "It shall not be lawful for any person not

registered, to practice physic, or surgery or midwifery in the Province of Ontario, for hire, gain or reward. Any such person on being convicted before any justice of the peace shall pay a penalty not exceeding one hundred dollars, nor less than twenty-five dollars."

In these words it is distinctly laid down that no person, (I read it male or female) is to practice physic, surgery, or midwifery without a license. The President and the Council however, construe the word person as applicable only to males, as they have stayed all proceedings against a lot of "pseudo midwives," who infest every city and town in the Province. Altho' the act does not specially say who is to prosecute, and it is quite evident that the Council has taken advantage of this silence, still one would naturally suppose, that in addition to what the President considers "its sole duty" viz., the testing of the qualifications of those only who seek as he says to "care for the health of the community," that they should also sedulously, for the sake of the same community look after those who know right well that if they presented themselves for the purpose of being qualified for the care of their own particular class, their ignorance would soon give them the "right about." It is much to be regretted that in the construeing and carrying out of this act, a leaf has not been taken out of the book of the profession of Great Britain. How different is the construction put upon it, and the arrangement of the forces put into operation to make it a reality, and not a dead letter there, as compared with that which exists here. Here we are coolly told, be magnanimous, don't disgrace the unselfishness and devotion for which your profession has been hitherto so distinguished. Let these poor women alone, preach the doctrine that it is not the profession that requires protection, quite the contrary, it is the public, the profession would never stoop so low as to think of protecting itself; the Legislature, and the thinking portion of the public, will think all the better of you for it, and finally the millenium will be reached, and your noble self-denial will be certain in the end to be rewarded with success. Do these high-falutin sentiments prevail there? No, not by long odds, but quite the contrary; the profession is composed of sensible practical men, well do they know the fatal leaning to quackery, and unlicensed practice that exists among the general public; they have formed themselves into a defensive association whose business it is to look after the "processes given to them by the Act," to put down all unlicensed practitioners, male or female. Will any member of the present Council say that in the protection which they thus secure for themselves, it is not at the same time also gained for the public?

It seems a strange paradox that at the present time this very Council are demanding that a protective duty of $400 be placed on the license of any registered practitioners from Great Britain, while at the same time they are endeavoring to establish a quasi free trade on their constituents in the province. It is not too much to say that many a day would elapse before the Medical Council of Gaeat Britain would so far forget themselves as to hold out the right hand of fellowship and affiliation to such a set of uneducated and ignorant females as the Medical Council of Ontario have done to the "tyros" who are preying on the lives and credulities of the female portions of "its lieges."

Yours, etc.,

"PROTECTION."

London, Dec. 14th, 1879.

Selected Articles.

RESULTS OF OVARIOTOMY, BEFORE AND AFTER ANTISEPTICS.

By T. Keith, F.R.S., Edinburgh.

"Ever since Mr. Lister showed me—now more than ten years ago—a large blood-clot organized in the wound of a compound fracture, I have followed his antiseptic treatment through its various stages in my daily surgical work. Time has only convinced me of its value. In those early days of antiseptics—I speak of ten or twelve years ago—it did not seem possible that any method could be devised whereby the antiseptic principle could be properly carried out in the removal of abdominal tumors. Yet, in the hope that a certain amount of carbolic acid introduced into the abdominal cavity might prevent or retard the putrefaction of the red serum that is apt to stagnate in the pelvis after ovariotomy, a two or three per cent. watery solution of carbolic acid was freely used in sponging and cleaning out the cavity; antiseptic ligatures, first of the finest silk and then of catgut, were used, and all instruments were rubbed with carbolic oil.

Towels were soaked in the watery solution, and so metimes held against the wound, in the vain hope of keeping the air pure as it rushed in when the peritoneal cavity was opened. Carbolic acid was wasted in every possible way. The floor and walls of the room in which the operation was to be performed were sponged with it, and the air was charged with the vapour driven off by heat. For nearly three years—from 1869 to 1871—this practice was more or less carried on. The results, which from that time had hitherto been good, did not improve, but rather the reverse, and, after two or three mysterious looking deaths, in cases that should have done well, this carbolic-acid treatment was thrown aside. It had brought nothing but disappointment and vexation of spirit.

For the next five years, though I continued to use it as usual in ordinary work, no carbolic acid whatever, nor any antiseptic, was made use of in my ovarian operations. Unable, though believing in it as much as ever, to carry out the antiseptic principle, and thus find protection from external agencies, I thought this operation one in which it would be better to trust to care and cleanliness alone. Sponges were simply wrung out in hot water, long boiled, and if any carbolic acid were used in the cleaning of them, it was washed away before an operation was begun. Beyond a purgative, nothing of the so-called "preparation" of the patient was made. No restrictions were put upon visitors, except that they must not have come directly from a dissecting-room, or from visiting a case of erysipelas, and they were requested not to touch the sponges. These I always cleaned and took charge of myself. The friends who assisted me—all busy men in large obstetric and general practice—took no special precautions against infection. Sometimes, on putting the question, it was found that almost every kind of infectious disease had been already visited that morning; once only was there a suspicion that mischief was carried, for one of my friends himself took severe erysipelas a few days after he had assisted me at an operation. The patient recovered after a slow attack of blood-poisoning. The regulations made in some hospitals, that every visitor must sign his name in a book, declaring that he has not for a week visited any case of infectious disease or attended a *post mortem* examination, before being admitted into the operating-room, has always seemed to me to be meant for a sort of *plaisanterie*. For my own part, when a case goes wrong after an operation, I have seldom to look far beyond myself for the cause of failure —something done, something not done. This is a lesson hard to learn: we blame persons, things, accidents, and circumstances, rather than ourselves.

During the operation, the abdominal cavity was more freely exposed than I have ever seen it done by another operator. It was also cleaned more thoroughly, and there was no haste in closing the wound; half an hour's waiting was time well spent. Every oozing point was secured by the finest of ligatures, always Lister's, or by the cautery. Large lumps of cellular tissue were not tied, only the bleeding points. The clamp was gradually displaced by the cautery, and when ligatures were required to the pedicle, very fine soft iron-wire or catgut was used; I never used the very thick silk, which I have often seen left in the abdomen, of a thickness and strength sufficient to hang the patient. Even very fine silk, I had long discarded. That I was fortunate in having done so, the recent results given in Mr. Well's Surgical lectures prove. Of 157 cases in which he employed silk ligatures to the pedicle, sixty died, or 38 per cent., whereas of my first fifty cautery operations performed under similar circumstances, where from the thickness or shortness of the pedicle, or both, the extra-peritoneal method could not be used safely, there were only four deaths, or 8 per cent. Then drainage, by a large perforated glass tube passing to the bottom of the pelvis, became the rule in severe operations. Finding that the red serum, that enemy of the ovariotomist, would not lie safely in the abdomen by the addition of a little carbolic acid till absorption had taken place, it was got rid of every three or four hours by a tube and syringe as it collected in the pelvis. Doubtless this was a troublesome process, but it lessened or entirely prevented the absorption fever, and that it had saved lives I am sure. Judging from the large quantities—pints sometimes, once 146 ounces—of broken-down blood clot and serum got away during the first few days after severe operations in feeble women, no one will convince me that drainage thus practised in those days was of no use, whatever it may now be in operations performed under antiseptics.

Since 1876, every operation has been performed with all Mr. Lister's care, under the carbolic acid cloud, and I shall never go back to the old way. But before giving my impression of ovariotomy thus performed, I wish to tell you exactly the results that can be got after this operation, by simple carefulness, without antiseptics. There is no mystery in ovariotomy. It is not a difficult operation. Is there any surgical proceeding that is? It is often an extremely simple one, yet it requires care; in bad cases it takes time, and may present a fertile field for bad surgery; yet any one, who is not in a hurry and takes the trouble, will get as good results. It is now more than sixteen years since I did my first ovariotomy. Beginning with seventeen deaths in the first hundred operations, the mortality year by year diminished, till at last, of the twenty-six operations before the use of the spray, there was but one death, the tumor removed in that case being a malignant one. Now, as the results of a single year may be accidental, I take the whole number performed during the five years immediately pre-

ceding the use of the spray. Including two cases of return of the disease in the other ovary, there were in all ninety-four operations, eight being double. Twenty-four of these were performed in the patient's own homes, or in lodgings, or in the country; seventy, in a small top flat, where the hospital patients were taken for nearly ten years. Though I had for a time, some years ago, the sanction of the managers to do ovariotomy in the Royal Infirmary, the only room then available for me in the crowded building was a small old fever ward at the top of the house, next the scarlet fever and small-pox wards. I soon found it better for the good of the patients, no less than for the credit of surgery, to have all the hospital cases placed near my own house, where they could get quiet, cleanliness, and perfect nursing; and after being threatened by an interdict from the Court of Session, I was allowed to pursue my surgical experiment in peace. Of the ninety-four patients operated on during these five years, nine died, four of the private cases (two being malignant tumors), and five of the seventy hospital ones (one malignant). No result approaching this—one in fourteen of hospital cases—had hitherto been anywhere obtained in any hospital or in any private practice, over a series of years or in any single year. I wish, for the credit of my small hospital, which I carried on almost entirely at my own expense, to make this statement of results distinctly; and I would not make it prominent now, but that year after year the authorities of the Samaritan Hospital proclaim in their reports,* in the largest of Roman letters—though one of the surgeons tells me that he has objected to the statement in vain—that the results got there are always the best that have yet been obtained—the mortality of the Samaritan Hospital down to the end of 1876 being nearly one death in every four operated on; of the last five corresponding years, one in five.

Of the nine fatal cases that occurred during the five years preceding the use of the spray, in three the tumors were cancerous. One death arose from obstructed intestine, and another from old kidney disease. These five were probably hopeless under any conditions. Three of the others might have recovered with earlier operation or with drainage; only one was a simple operation with moderate adhesion. It was a large tumor complicated by an uterine fibroid. I unfortunately removed a pediculated out-growth which seemed to be in the way. I have little doubt that antiseptic treatment would have covered the errors committed during that operation.

I had not performed ovariotomy half a dozen times, when I felt sure that it would become, perhaps, the safest of all surgical operations; for in the rapidly absorbing powers of the peritoneum—though in these lie at once both the danger and the safety of the patient—the surgeon has an advantage, if he make right use of it, that he has in no other. At the end of 1876, this safety-point seemed almost within reach. The mortality was steadily decreasing, that of the last hundred operations being under ten per cent., while of the cautery cases it was little more than seven per cent. The results obtained were almost free from avoidable mortality. There was no death for nearly seven years after an operation for a non-adherent simple tumor; in a large proportion of the fatal cases, the tumors were of a cancerous nature, some with secondary affections of the peritoneum a class of cases which, thanks to the investigations of Dr. Foulis, to be afterwards referred to, can in future be always recognized, and in certain of them operation avoided as useless.

Then, in the other fatal cases, with one exception, the operations were extremely severe. It was in such cases of large adherent tumors in feeble women who had come late in the disease that some assistance was wanted. I seemed to have got to the end of my resources. Drainage, and all the care I could give, did not sometimes prevent the blood-poison; for even the feeblest of those operated on rarely die from shock or exhaustion, but from rapid septicæmia. This help I hoped to find in antiseptics now properly applied. Yet, after my former experience of the carbolic acid treatment, I hesitated long ere I used the spray. Its effects in prolonged operations done under it, were not encouraging. Several cases operated on by friends here with all possible care proved fatal from blood-poisoning. So did one or two done in Glasgow. In London, the only case I knew of was done at the Samaritan Hospital by Mr. Thornton, who sent me the notes of it. It was a clear case of death from septicæmia, with some brain symptoms towards the end. The method was blamed for this result, and in consequence the spray was thrown aside and was not again used there for many months, when its employment in ovariotomy had elsewhere become comparatively common. By this time, the German surgeons had settled the question of safety, though their results were still not much to boast of. Mr. Wells, in his sixth lecture (July 1878), tells us that he had just then received a letter from Dr. Oldshausen of Halle, giving the results of his own practice and those of Esmarch, Hegar, and Schroeder, with and without antiseptics. Without, there were 65 cases and 33 deaths—1 death in every 2 operated on, results so dreadful that they seem simply incomprehensible. Of 155 cases done antiseptically, there were only 33 deaths, or nearly 1 in 5—a mortality still more than double that of my cases for more than five years without antiseptics of any kind.

Without antiseptics, my results over fourteen years give a mortality of almost 1 in 7. Of the five years preceding the use of the spray, nearly 1 in

in 10½—of the last of these five years 1 in 21. To what, then, are these results to be attributed? Why should my results without antiseptics be nearly six times better than those of these German surgeons (33 deaths of their last 65 cases—6 of the last 70 of mine), and so much better than those of Mr. Wells, or those of the Samaritan Hospital, in an operation that requires no special surgical skill. Leaving out of view some huge counteracting influence in the German operation, I think they are due—1. To drainage of the abdominal cavity in severe cases by a large perforated glass tube going to the bottom of the pelvis. It is to Kœberlé that I am indebted for the idea. He kindly gave me two of his small tubes in 1866. These were soon found to be narrow and too short. They got easily choked with clot or lymph. For the last ten years, I have used the large glass tube now in common use. Till I had learned in what cases to drain, the tube was used in alternate cases of the severe operations. I am as certain as I am of my existence, that had I used them earlier and oftener the mortality would have been less by one-third. These tubes I supplied to ovariotomist friends in all parts of the world, though no one used them, so far as I know, till attention was called to drainage by the vagina by Dr. Marion Sims—a method which seems to me to be one calculated rather to give rise to blood-poisoning than to save the patient from it. It is remarkable that the only year in which the mortality of the Samaritan Hospital fell to 10 per cent. was in 1876, when drainage by these glass-tubes was first generally used. 2. To the use of the cautery in dividing the pedicle as proposed, and practised by the late Mr. Baker Brown. How the lesson given by his last results have been so systematically ignored in London has always been a marvel to me. 3. To the employment of Kœberle's compression forceps, in large numbers, whereby loss of blood is prevented. His model is still the best, notwithstanding the clumsy imitations of it lately invented. 4. To the substitution of ether for chloroform in my last 230 operations, whereby the after vomiting is avoided, and the risk of hæmorrhage when the wound is closed diminished. All these things have, I think, helped to lessen the mortality, but the drainage and the employment of the cautery in the division of the pedicle have contributed most.

So much for ovariotomy and its results before antiseptics. I have now done forty-nine operations as carefully as possible under the spray. Two of the first eight died, the rest,—forty one in number—all recovered. At first the results were disappointing, for I expected too much. After two or three cases that would have got well in any way, five patients presented themselves at the same time, whom I would gladly not have seen till I had more experience of the spray in ovariotomy, though just the kind of cases in which assistance was hoped from antiseptics. 1. A young woman who had been nine months in bed from a large burst dermoid cyst. She had double phlegmasia dolens, the œdema extending over the trunk into the axillæ. For months she lay poisoned, often apparently dying, with great pain and vomiting, yet she, after nine tappings, rallied, and was able to be brought into town. She was against operation, feeling sure she would not recover. I urged her to have it done, telling her of all I hoped from this new method. Instead of closing the wound as I ought to have done, I went on and completed the operation after three hours and a half. Both ovaries were universally adherent, and a mass of bone, hair and fat, that had become encysted in the upper part of the abdomen, was dissected out. Time was lost in replenishing the spray-producer, aud when she was put to bed the temperature of the body had fallen to 92 degs. Eight hours after operation it had risen only to 95 degs. No urine was secreted, and she died comatose thirty-two hours after. 2. Case of large semisolid tumor of 95 lbs. She was anæmic, and had often been tapped. She, too, was unwilling for operation, feeling that her strength was all gone. The same arguments as before were used, and she was encouraged to run the risk. The operation was as bad as could well be—adhesions everywhere—especially to liver, lumbar, and iliac regions. It was the old story—pain, vomiting, and death from septic peritonitis. 3. An old lady of 64, who declined assistance till she was in a typhoid state from suppurating cyst. There were sloughs on the sacrum. The cyst held 60 lbs. of pus, and there were extensive adhesions in the pelvis. The case was a most unfavourable one; yet, with much stimulation, she ultimately recovered, though she had a rapid pulse and high temperature for long after. 4. Case of old, burst, jelly cyst in a lady from Newcastle. There was very old thickening of the peritoneum, and the abdomen was full of jelly. Both ovaries were diseased. She did well for four days. Then came pain and fever. Two pints of horribly red serum were removed by puncture behind the uterus. This had to be done again and again, and for six weeks there was a hand fight against the blood-poison. It was a continued effort to keep the pelvis free of putrid fluid. I believe that the whole abdominal cavity suppurated in this case. The difficulty of establishing a permanent drain was great. There were severe hæmorrhages after the incisions in the vagina, followed by severe rigors, and once Douglas's space was filled with blood-clot. She bore nourishment well, and drank brandy like water, and recovered perfectly. In this case, I think infection must have been conveyed by the cut fallopian tubes close to the uterus, for, on the third day, there was some metrostaxis. 5. A case of bad pelvic ad-

hesion. Here, also, fluid had to be evacuated from the abdomen, and discharge went on for many weeks. Thus, at first, through want of drainage, things seemed rather to get worse under the antiseptic treatment, reminding me not a little of my experience with the carbolic acid treatment some years ago.

At first, I tested the spray very severely. The operations were more hurriedly performed—that is, I spent shorter time over them, and did not sponge so carefully; neither was I so careful in securing every bleeding point, nor did I wait for the after-oozing in severe cases. I gave up also the drainage tube, but soon found that the patients did not go on so well, and there was sometimes troublesome absorption fever. One case quite convinced me that the old carefulness could not, even with the spray, be dispensed with. I had operated on a patient of my friend Dr. Sidey, my *fidus Achates* in many a hard operation. It was a very bad case of acute suppurating cyst, with typhoid symptoms. I shut up quickly. There was some oozing going on from extensive parietal adhesions, and some purulent-looking ovarian fluid had escaped into the pelvis, and even this was imperfectly sponged up. He asked me to sponge this a little more. My reply was, that if the spray was worth anything, it would keep all sweet and the peritoneum would take care of it—purulent fluid or no purulent fluid. The patient got on badly, the typhoid symptoms became more marked, and she required much stimulation. On speaking to him one day about the high pulse and temperature, his reply expressed my thoughts of the last few days: "It is all your own fault. You should have sponged that belly better, and not left her to absorb the dirt you left behind. I wish when you try experiments again that you would not begin on my patients, but clean them up in the old way." Fortunately, in this case, the peritoneum was able to dispose of what had unnecessarily been thrown upon it to do.

The results of the spray cases are given in the accompanying table. The same arrangements are followed as have been done before, with the addition of the length of time the spray was continued in each case.

Table of Results of Ovariotomy before and after Antiseptics.

Medical Attendant.	Age.	Duration of Spray.	Adhesions, etc.	Result.
		Hrs. & Min.		
Mrs. Bruce, Dundee	73	,30	Parietal adhesions; 22 lbs.	Recovered
Dr. Croom	58	,50	Parietal adhesions; 17 lbs.	"
Mr. Covey, Puckeridge	60	1,10	No adhesions; 43 lbs	"
Dr. Sidey	67	1,15	Very extensive parietal and pelvic adhesions; 60 lbs	"
Dr. Maclagan, Dundee	19	,40	No adhesions; 16 lbs	"
Dr. M'Kenzie, Larkhall	26	3,30	Adhesions universal; burst dermoid cyst; both ovaries removed	Died
Dr. Brown, Dunfermline	21	,45	Very extensive and firm parietal and omental adhesions; 47 lbs.	Recovered
Dr. Loraine, Castle Douglas	53	2,15	Very extensive parietal, omental, intestinal, and to liver; 95 lbs	Died
Dr. Wilson, Gateshead	41	1,	Burst jelly cyst; pelvic; 19 lbs.; both ovaries removed	Recovered
Dr. Edmond, Stonehaven	40	,45	Very firm and general pelvic adhesions; 27 lbs;	"
Dr. Montgomerie Bell	61	,20	No adhesions; 40 lbs.	"
Dr. Dick, Harrington	54	1,15	General parietal; 17 lbs.	"
Dr. Dobie, Ayr	57	,40	No adhesions; about 20 lbs	"
Dr. Gordon, Linton	22	,20	No adhesions; 28 lbs	"
Dr. Gemmil, Kirkmaiden	24	,50	Parietal adhesions; 10 lbs.	"
Dr. Gemmil	57	1,15	Very firm and general parietal adhesions; 26 lbs	"
Dr. Bell, Kingskettle	28	1,30	Extensive omental, parietal, and pelvic adhesions; 18 lbs.	"
Dr. Johnston, Stirling	48	,40	Fibroid uterus; pelvic and parietal adhesions; 14 lbs	"
Dr. De Vitre, Lancaster	53	1,30	Very firm adhesions to uterus, and in pelvis; 28 lbs	"
Dr. Cullen, Alexandria	20	1,20	Omental; sarcomatous tumor, 7 lbs.; ascites, 25 lbs.	"
Dr. Dickson, Carnoustie	27	,45	Parietal and omental adhesions; 25 lbs.	"
Dr. Moir	55	,30	No adhesions; 12 lbs	"
Dr. White, Perth	33	,40	Parietal adhesions; 29 lbs.	"
Dr. Menzies	62	1,	No adhesions; semi-solid; 8 lbs.	"
Dr. Dobie, Chester	19	,45	No adhesions; about 12 lbs	"
Dr. Muirhead	62	1,15	Omental; burst cyst; both ovaries removed; 55 lbs	"
Mrs. M'Turk, Liverpool	51	1,10	Very extensive omental and pelvic adhesions; 27 lbs.	"
Dr. Scott, Ilkley	20	,40	No adhesions; 35 lbs	"
Dr. Curror, Kirkcaldy	53	,25	No adhesions; 19 lbs	"
Dr. M'Culloch, Dumfries	35	,45	No adhesions; 15 lbs.	"
Dr. Moore, Glasgow	38	1,25	Very extensive parietal and omental adhesions; 16 lbs	"
Dr. Paterson, Carnwath	55	,40	Pelvic adhesions; both ovaries removed; 20 lbs.	"
Dr. Clark, Cullen	52	,50	Extensive omental and parietal adhesions; 14 lbs	"
Dr. Priestley	25	,55	No adhesions; 25 lbs	"
Dr. Gardner, Bombay	44	1,40	Adhesions universal; suppurating cyst; 15 lbs.	"
Dr. P. Young	53	1,20	Very firm parietal and omental and intestinal adhesions; [illegible]0 lbs.	"
Dr. Dunsmure	57	,50	General parietal and omental; 15 lbs.	"
Dr. Burn	26	,25	No adhesions; 10 lbs	"
Dr. Lumgair, Largo	63	1,15	Burst cyst; extensive intestinal, mesenteric and pelvic adhesions	"
Dr. Underhill	21	1,30	Very firm omental and mesenteric and posterior adhesions; 30 lbs	"
Dr. Wallace, Greenock	56	1,45	Very firm general parietal and pelvic adhesions; 60 lbs.	"
Miss F., Aberdeen	25	,30	No adhesions; 14 lbs	"
Dr. M. Duncan	38	,40	General parietal; 24 lbs.	"
Dr. Carlyle, Langholm	42	1,30	Firm omental and intestinal; cæcum and general in pelvis; 28 lbs.	"
Dr. Erskine, Ayr	60	1,10	Omental and parietal adhesions; 32 lbs	"
Mrs. Marshall, Gourock	56	2,	Very extensive omental; to bladder and in pelvis; 41 lbs.	"
Dr. M'Culloch, Dumfries	41	1,35	Intestinal and mesenteric; generally in pelvis and to uterus; 35 lbs	"
Dr. Whiteford, Greenock	54	,35	No adhesions; 13 lbs	"
Dr. Kerr, Dumfries	12	,50	Semi solid tumor; 8 lbs.; ascites	"

It is only fair to add that this series of operations has, on the whole, been less severe, though there were many bad operations amongst them, and there is a larger proportion of non-adherent tumors. Neither were the tumors so large. Thus, in 50 cautery cases (*Lancet*, April 1876), 18 per cent. of the tumors were non-adherent. In the above table the number of non-adherent tumors is 30 per cent. But I find in Mr. Well's last published 50 cases, 42 per cent. of the tumors were non-adherent. Instead of, as in former years, advising against operation in cases of moderate sized tumors, which had not yet become a source of danger, all were operated on just as they came. Hence the number of simpler operations.

The spray is neither troublesome nor inconvenient. The instrument at present in use is Gardiner's largest size. It has a double jet; and, when placed at a distance of eight or nine feet, the spray reaches the wound without any cooling current, and as fine as a London fog. That the spray is essential in ovariotomy to the perfect carrying out of Mr. Lister's principle is proved by my experience over so many years of the simple carbolic acid treatment. There can be no two opinions about this.

With antiseptics, some form of intra-peritoneal treatment of the pedicle will be found to answer best. The clamp has done good service, but it must give place to something better. The mortality attending its use is larger, and the convalescence slower, as a rule, than with the best of the intra-peritoneal methods.

The ligatures, when employed, were either catgut or fine soft iron wire. I have already stated that, of fifty-one cautery cases before antiseptics, there were four deaths; of thirty-one cautery cases with spray, all recovered. A method, then, which in the worst cases without antiseptics answered so well, must be a good one with them. What difference was there, then, in the cases that got well? Not much. Carefully prepared tables of temperatures of the two sets of cases show very little difference. There was, as a rule, the same moderate rise of temperature up to eight or ten hours after operation—more marked, perhaps, in both sets of cases in young subjects, especially if in too good condition; then a fall by next morning, and again a rise in the evening to about thirty four hours after operation. After that, almost a normal pulse and temperature, and a rapid convalescence, except in some of the cases where ligatures were left in the pedicles. In both sets of cases the wounds were dressed in the way I have now done for many years. Eight or ten folds of gauze soaked in an 8 per cent. solution of carbolic acid in glycerine, and over that a large cushion of cotton wool. When there was no draining, this dressing was not disturbed for a week or more, and primary union was always got with or without spray. The patient was generally out of bed by the end of the second week, and home, often a long way, during the third. Yet, the convalescence was easier in the antiseptic cases. They suffered less from flatus, and slept better. The nurses also tell me that they had less trouble with them, and had themselves much more sleep.

Yet, in three cases, the temperatures were the highest I have ever seen a few hours after ovariotomy. In one it rose to 104 deg., but was down by next morning. In another, five hours after operation, it was 106.2 deg; in another 105.05 deg. eight hours after. These two were cases of burst cysts. In both, the adhesions were unusually great to intestine, mesentery, and in the pelvis. Both were long operations, and there was great exposure of intestine and mesentery to the action of the spray. Now, I have rarely—not more than twice, I think—seen a temperature of 103 deg. on the evening of the operation in any case, before antiseptics; and I cannot account for the rapid rise in these two cases. In the case where the temperature rose to above 106 deg. so soon after, a most unfavorable prognosis had been given, the chances being put as a hundred to one against a favorable termination. She was sixty-three years of age; was in a typhoid state after a burst cyst, and was quite comatose. This condition continued more or less for a fortnight, and she has now no remembrance of the operation-day, or even of having seen me. I have rarely met with high temperatures in ordinary ovariotomy, and nothing has so much surprised me as to read of the hyperpyrexia which Mr. Wells tells us is the rule after ovariotomy. I had never before antiseptics found it necessary to use ice to the head to bring down fever in the first days after operation. The ice cap was only used once in a case of acute septicæmia, and the temperature remained unaffected. Indeed, in all my cases before the spray, not more than five or six pounds of ice were got for the whole number, and the most of that was wasted. I attribute the hyperpyrexia to operating in women overfed, or in too full health with small tumors, or to imperfect cleaning, or not drainage of the abdomen, thus giving rise to absorption fever. Many years ago, when I sometimes removed moderate sized semi-solid tumors from women in full condition, my practice was to let them lose ten or twelve ounces of blood from the pedicle before securing it. This prevented an undue blood-pressure and vascular disturbance. For long my practice had been to wait till the patient had suffered from her burden, and interference was necessary. Only once or twice has this rule been broken through, when some German or foreign friend wished to see the cautery used, and only some case of small tumor was at hand to show him. But then I generally had to regret it. Antiseptics will change all this.

What, then, have we gained by antiseptics in ovariotomy? 1. It has lessened the mortality. Take the results of the German surgeons. After the first trials even, the mortality fell at once from 50 per cent. to 20; thirty lives saved by the spray alone out of every hundred. When I add that my last forty-one have all recovered, enough has been said. No such successful series was ever got in the old way. Once Mr. Wells had twenty-seven successful operations in succession. But look at that wonderful list of eight hundred operations. How often did it happen that there was a run of deaths, too many and occuring too often to be merely accidental; frequently four or five in succession, once seven, then ten out of twelve, etc. With antiseptics there will be no *per contra*, and such a run of deaths will come no more. 2. This increased safety will encourage medical men to recommend earlier operation, which certainly few of them now do. That very large tumors and bad adhesion increase the mortality there can be no doubt. For the last seven years, no death happened to me in non-adherent tumors, and the deaths that occurred during that period were, with a single exception, in cases when the local difficulties prolonged the operation for two hours or more. Certainly early operation, when a cyst bursts and fluid is thrown out in a large quantity into the peritoneum, cannot be too strongly urged. 3. With antiseptic ovariotomy the drainage-tube will not be nearly so often required. I do not think that it can be altogether dispensed with. No one has practised drainage so much as I have, yet I know well that it cannot be used without risk. Some patients give simply serum from the irritation of the tube; in others, after a short time, the tube becomes enclosed in thick lymph, and it sometimes gets choked with this. In such circumstances, there must be a risk of some folds of intestine adhering at angles when the tube is removed. I have several times seen decided inconvenience arise from this, but never any fatal obstruction. With antiseptics the tube can be removed much earlier. Drainage is certainly a great trouble both to the patient and attendant. 4. Convalescence is rendered easier. 5. Antiseptics are a great comfort and relief to the operator. Speaking for myself, the difference is enormous; ovariotomy is not the operation it was fifteen or sixteen years ago, or even two years ago. The best results in the old way were difficult to get, and no one knows but who has experienced it the anxiety and weariness of spirit with which the struggle against the blood-poison was carried on in the early days of ovariotomy. It is something to think that no one will again have to suffer these experiences in the same degree, and it almost makes one envy the younger ovariotomists to whom the way in these days is made easy. Now there is a feeling of confidence and security; the constant fret and worry to get chemical cleanliness in one's hands, in the surroundings of the patient and her attendants has passed away. The time is saved that was spent in cleaning the sponges, in passing the points of instruments through the flame of the spirit-lamp, and in other endless precautions. Above all, there is the feeling that the patient is protected from external agencies. Now, with an 1-in-20 carbolic solution and a nail-brush, with perhaps first a wash in turpentine to remove all fatty matter, I am safe to have my hands in any degree of putridity half an hour before an operation. Professor Schroeder tells that he uses extraordinary precautions; that, on an operation-morning he gets up early and washes himself all over; that his assistants wash themselves, and that the patient is all washed; that neither he nor his assistants see any patients till the operation is over. Surely all these washings are unnecessary, and have come too late. Had these precautions been taken before the days of antiseptics, I can imagine that the results of the German surgery in ovariotomy would have been something better than a 50 per cent. mortality. I have recently successfully performed ovariotomy several times on poor women in their own homes, or in almost filthy lodgings, without any precaution whatever.

That drawbacks may yet appear is quite possible. What I should be afraid of is the effect of very long continued spray in severe cases in feeble women. I think I have noticed a great depression immediately following some of the very long operations, and a necessity for great stimulation during the first twelve or twenty hours. I confess I shall watch with some anxiety whether deaths in severe cases happen more quickly than they used to do.

One's pleasure in this operation is, however, greatly marred by the frequency with which malignant disease is found at the operation, or reappears soon after it, upsetting all one's calculations. In one-fourth of my deaths, the tumors were malignant; and, with very few exceptions, in those who have died since their return home after ovariotomy, some cancerous affection has been the cause of death. Thus, amongst these, five young and healthy-looking women have left me, all after severe operations the pictures of health and happiness, and have died within a short time of peritoneal cancer. This is a subject of the greatest interest. Till quite recently, our knowledge of the microscopic appearances of the diseased ovary was in a state of hopeless muddle. Dr. Foulis, by his investigations of the anatomy of the ovary, has at length made its pathology simple. Healthy and malignant ovarian structure, simple ovarian and peritoneal fluids, as well as those of the uterine fibro-cysts, can now be recognized with certainty by the microscope alone. We knew that, in certain cases where free fluid in the peritoneum is present with ovarian tumor, ther

is no use in operating; in others, that we cannot interfere a day too soon; and in some we can predict a return of abdominal disease after successful operation. These researches of Dr. Foulis are of utmost value, and I know well the time and labour that have been for several years spent upon them. I regret to have to add that, in his recent lectures at the College of Surgeons, Mr. Wells incorrectly gave the entire credit of these investigations to Mr. Thornton, who, to say the least of it, as ungenerously tried to claim it.

Not long after I began ovariotomy, one of the heads of the profession here—the best and most honest of men, an old teacher, and one whom I looked up to as a professional father—said to me: "Fellows like you should be simply handed over to Mr. Lothian." Now Mr. Lothian was the public prosecutor. By simple care, and by giving heed to the old surgical principles that my good master James Syme taught, I am now able to show you that the mortality of ovariotomy has with me got less and less every year since I began it, till in the year before antiseptics it had fallen to 5 per cent. Surely, then, if one's natural conservatism should have hindered anyone from adopting altogether a different procedure, such as the antiseptic principle involves, it should have prevented me. But there was no getting over the living blood-clot in the open wound of the broken leg. There was certainly disappointment at first, but only from my inability to carry out the principle, or from trying to carry it out in a wrong way. Now, the right way is got, and surgeons like Mr. Callender, or our own Mr. Spence, may take my word for it that, if they have reached already near perfection in their work, they will, by carrying out Lister's antiseptic principles, get still nearer it, and that, too, with greater comfort to their patients and with less anxiety and less trouble to themselves.

In his last edition on the *Diseases of Women*, Dr. West thus writes:—"I think, then, that we are now bound to admit ovariotomy as one of the legitimate operations in surgery; as holding out a prospect, and a daily brightening prospect, of escape from a painful and inevitable death, which at last, indeed, becomes welcome, only because the road that leads to it conducts the patient through such utter misery."

This long despised operation is now the safest of all the great surgical operations, at least judging from these results: twelve deaths of the last one hundred and fifty-six, three of the last seventy-five, and no death of the last forty-one operations.

I would fain expatiate for a little on antiseptics in general, but must bring this rambling paper to a close, feeling sure that, whatever may appear in the future of antiseptics in surgery the name of JOSEPH LISTER, who puts us on the right way, will not be forgotten.—*Brit. Med. Journal*, Oct. 19th, 1878.

HYSTERIA IN BOYS.—Dr. William Roberts contributes the history of several cases of hysteria in boys in the November number of *The Practitioner*. In prefacing these histories he mentions similar cases reported by other observers, but under different names; there being an unwillingness to apply the term hysteria to males.

The first case was that of a boy of thirteen. After some trifling ailment, he began to be hypochondriacal and low spirited. Eight months later he was attacked with a cough which soon changed into a true hysterical bark, and then into a kind of bleating noise. He kept this up nearly all day for several months; he then went through the exercise only at morning and night. The symptoms continued for about fifteen months, when the boy became perfectly well. The hysterical nature of this case was well marked. The mother had been hysterical when a girl, and the brother and sister were also affected for a short time. The disease in the latter persons took the same form of bleating, and was evidently brought on by unconscious mimicry.

The second case was that of a boy of eight or nine years. The hysterical symptoms in his case came on, as is not unusual, during convalescence from acute disease. The boy became suddenly subject to attacks of loud, passionate, tearless crying, with incoherent ravings of a most alarming and distressing character. These continued for a week; they then ceased for a week, to be resumed again, though with less severity. During the intervals between the paroxysms the boy seemed perfectly well. A removal from home surroundings and sympathy, with the daily use of the galvanic current, resulted in cure.

Case number three was an exquisite example of hysterical contracture. A healthy boy of eleven, while walking to church, began to limp. By the time he reached home his left foot was contracted inward in the position of extreme talipes varus. Under chloroform the spasm relaxed, but no force or mechanical appliance could keep it in proper position. There having been no injury, fever or pain, the case was diagnosed as hysteria, the boy was encouraged to get up and try to use his foot. This he did, and in twenty-four hours was quite well.

The fourth case was one somewhat simulating epilepsy. A healthy, well-grown boy became gradually subject to short convulsive attacks, affecting the whole body. They occurred early at night or towards morning; afterward they took place in the daytime also. He remembered nothing of the attacks himself. There was no frothing at the mouth, or biting of the tongue. The boy suffered in this way for nine months, and then gradually improved, until he became quite well.

These cases prove the existence of hysteria, of undoubted character in boys.—*Medical Record.*

PUNCTURE OF THE ABDOMEN.—The discussion on intestinal obstruction at the annual meeting of the British Medical Association in 1878, has already borne fruit in a very satisfactory manner. Not only have operative measures been more generally adopted, but the peritoneum is found to behave itself very much better nowadays than it used to of old, when it had a very bad reputation. Any injury of the peritoneum was to entail imminent danger, but now it is sponged out without provoking inflammation even. Mr. Jessop, of Leeds, enters an indignant protest against the application of the term "unjustifiable" to exploratory incissions of the abdomen in obscure cases. In cases that are in their nature necessarily fatal, he argues the operation cannot endanger life, and the operator has the satisfaction of knowing this. In other cases immediate relief can be furnished where nothing short of operative measures are of the slightest avail, as where a band of organized lymph encloses a coil of intestine; his experience at the post-mortem table telling him that several cases there met would not have come there had an exploratory incision been made and the cause of obstruction removed.

Dr. Jacobson, of Guy's Hospital, relates a case, which, however, terminated fatally ten days after operation; nevertheless he advocates the adoption of operative measures. He thinks that what betwixt recent great advances in the surgery of the abdomen and the progress of antiseptic surgery, operative measures for the relief of intestinal obstruction will become quite common, and will furnish most beneficial results in many cases. Even where it is not necessary to make an incision in the abdominal walls, operative measures, including liberties taken with the peritoneum, may be indicated. Thus, Dr. Broadbent relates a case where puncture of the small intestines gave great relief in case of an intestinal obstruction in an elderly lady. A shriveled ovarian cyst constitutes a tumor in the right inguinal region, which presses upon the bowel. In consequence of this she has several times suffered more or less severely from intestinal obstruction. At last an obstruction had persisted for three weeks in spite of opium and belladonna, and it was determined to puncture the intestines with a long aspirator needle. The aspirator was used at first, but was found unnecessary. An enormous amount of gas escaped, giving the patient great relief. Two days later, fæces and flatus began to pass naturally. A few months later a similar attack came on, and, after some days of unsuccessful medical treatment, at the patient's earnest request punctures were again resorted to with excellent results. The discharge of gas was followed by a copious evacuation during the subsequent night. A third time puncture alone could afford relief. Dr. Broadbent has used such puncture of the abdomen in several cases, and so far has not seen any injurious results follow therefrom. He, however, observes several precautions. (1) He lessens peristalic action by a full dose of opium, while no food is given for some time before the operation. (2) He selects a coil of intestine which contains gas only, and not liquid. (3) He pierces the coil exactly at its most convex part. The spot chosen for the puncture should be as nearly as possible over the centre of a coil which does not roll about, and, by preference, in the lines alba. (4) He exercises great care and patience during the escape of the gas. As the gas escapes from the coil selected for puncture, it will collapse under pressure from neighbouring coils, and the flow through the needle will cease. Very soon, however, the air in the intestine will distribute itself and enter the empty portion, when it will again escape. It is better not to put on a bandage. He concludes by suggesting that such puncture may often usefully precede other operative measures, as inflation, taxis, etc., when the gut is imprisoned. —*Medical Times*.

ECZEMA OF THE PALM.—The opinion advanced by Dr. Spender, of Bath, that all so-called cases of psoriasis palmaris are either modified forms of eczema rimosum or dermato-syphilis, has given rise to some discussion in the British journals Dr. Liveing fully agrees with this opinion, thinking that simple psoriasis so rarely attacks the palm or sole, that practically we may say those parts are exempt from it. Dr. McCall Anderson, while acknowledging that eczema of the palms often assumes an appearance resembling psoriasis, is unwilling to admit that these cases are all forms of eczema. Eruptions limited to these parts may be, in his opinion, eczema (especially eczema rimosum), syphilis, or psoriasis; the first being more frequent than the second, and the last the rarest of the three. Dr. Anderson thinks that the recovery of certain cases under treatment adapted to psoriasis and unsuitable to eczema, is strong proof of the existence of the former disease. Both he and Dr. Liveing call attention to the possible influence of the gouty and rheumatic diatheses over these palmar affections. The acute or subacute form, Dr. Liveing thinks, is best treated by the application of water-dressing, lead lotions, or linimentum calcis, according to circumstances; the gist of the treatment being never to allow the dressing to get dry. Pretty free purging is generally indicated. The ordinary chronic forms are well treated by the application of lead-ointment; but in all cases the hand should be rested, covered, washed little, and the ointment constantly applied. In those obstinate cases in which the skin is extremely hard, brittle, thick, and cracked, ointments produce no effect, and other means must be adopted to get rid of the outer cuticle, which entirely prevents any chance of cure. This

is best done by the constant application, night and day, of a lotion of liquor potassæ (from two to four drachms of liq. potass. to eight ounces of water is usually strong enough). The hand must be enveloped in rags kept constantly wet with the lotion, and covered with thin gutta-percha, or something of the kind. This treatment must be continued until the cuticle is thoroughly white and macerated, when it will peel and rub off readily. The process may require to be repeated until the epidermis is reduced to its natural thickness and is thoroughly soft; the skin may then be treated with ointments and glycerine in the usual way. Chronic eczema rimosum of the hand is one of the few forms of eczema in adults that is often benefitted by the internal use of arsenic.—*The British Medical Journal*, July 5, 1879. *Medical Record.*

Salicylic Acid and Borax in Ozæna.—Dr. Lennox Browne, London (*Brit. Med. Journal*), gives the following treatment of ozœna: Borax, 3 drachms; salicylic acid, 2 drachms; glycerine, 2½ ounces; water to 3 ounces. One or two drachms of this mixture to the half-pint of water, at 95°F., acted quite efficiently, whether used with anterior or post-nasal douche, or as a gargle; and this form has now been used by me for many months. It has the advantage over and above its antiseptic qualities of being not only non-irritating, nor obnoxious in taste, but on the contrary, of being even emollient, and of agreeable flavor.

The remedies of which I have been speaking are of especial value in the cases of ulceration, which, when occurring in the nostrils, is now by general agreement considered to be always due to syphilis. But there are many cases in which the ozæna arises from catarrhal inspissation, retention, and consequent putrefaction of the normal secretion. For such, a solution of chloride of ammonium and borax, about ten grains of each to the half-pint of warm water, acts admirably in clearing away the offensive accumulation, and in restoring the mucous membrane to healthy secretion.

In all cases of ozæna, of whatever kind, it is important to keep the passages as moist as possible, so as to prevent reincrustation between the periods of using the douche; and, for this purpose, the interior of the nostrils should be well anointed with vaseline, containing about five grains of iodoform to the ounce. It is further necessary in many cases to prescribe lozenges for the purpose of deodorizing the expired breath. The compressed lozenges of Wyeth, containing chlorate of potash, and chlorate of potash and borax, are now well known and approved by the profession; but it may not be generally known that Mr. Cooper, of Oxford street, has made some antiseptic effervescing lozenges containing thymol and salicylic acid, one-tenth of a grain of the active ingredient in each variety. Some of my patients who have tried them have reported most favorably on their utility.

"Ricord's Mixture" and "Tully's Powder."—We have been called on several times to give the formulas for the above named preparations, which are in common use with some practitioners. Ricord's mixture is used with great benefit in syphilitic affections. It is composed as follows:

℞. Hydrargyri iodidi rub., gr. iv;
Potassii iodidi, ℥j;
Fl. ext. sarsap. comp., ℥j;
Aquæ q. s. ad., ℥v. M.

Tully's Powder:

℞. Camphoræ;
Cretæ prep.;
Ext. glycerrhizæ, aa gr. xx;
Morphiæ sulph., gr. j;
M. f. pulv.

The minimum dose of the mixture is a teaspoonful three times a day. The dose of the powder is the same as that of Dover's powder.—*Pacific Med. and Surg. Journal.*

Physicians as Experts to be Paid. — In a trial in the Circuit Court of Indiana, Dr. Buckman was called as a witness, and his opinion was asked, as an expert, in respect to several matters involved in the litigation. He refused to answer the questions unless compensated for his opinion at professional rates. The Circuit Court held that he must answer. He persistently refused, and was adjudged guilty of contempt of court. He appealed from this ruling to the Supreme Court of that State, which court recently decided that the opinion of a physician and surgeon, given as an expert in a court of justice, was strictly a professional service, for which he was entitled to a reasonable fee before answering; and, also, that it was not a contempt to refuse, without compensation, to answer questions as such expert.—*Pacific Med. and Su g. Journal.*

Work and Play.—A recent writer has declared that there is no just discrimination between work and play except that of sentiment only. If life pursued its even tenor, there could be no question as to recreation after labor; the two would be identical. This, it is claimed, was true of that brilliant era of classic Greece, when man attained so nearly to the ideal, both of mind and body. In the occupation of the joyous Grecian there was no such thing as work or play, but only life.

Origin of the Red Corpuscles of the Blood.—Dr. Richard Norris, of Birmingham, England, claims to have discovered in the blood, in large numbers, colorless corpuscles rendered visible by certain manipulations, which are really chyle corpuscles, and which gradually obtain color and become ordinary red corpuscles.

THE CANADA LANCET.

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TORONTO, JANUARY 1, 1880.

THE PAST YEAR.

As the memorial plum pudding of this festive season is a conglomerate of articles from different quarters of the globe, so the circumspective review of novelties in the various branches of our profession that it has been our custom at the beginning of a new year to furnish our readers with, may be considered a web from the minds of English, American, French, German, Italian, Spanish and Portugese writers. To our readers we leave the task of separating the plums from the dough, or of determining the question whether it would not have been better to knead the whole over again. There is however one topic that we think our readers will generally agree with us to be a fair matter for comment, not however with any hope of the practice to be referred to, being discontinued, but that possibly by the medical press continually adverting to it, the prevailing spirit might be kept within moderate bounds. We allude to the introduction of new terms in every department of medical science. Without for a moment questioning the propriety of abandoning those which manifestly involve an error, there were many free from any objection of this kind, and it would have been safer to retain them than to adopt others founded on scientific discoveries, in some cases questionable, and liable like their predecessors to be reversed. Amid the multiplicity of matters which engross our attention it is very possible that confusion may arise, for we have the difficult task of unlearning that which it has cost us some pains to acquire, and of learning that which is liable to be indistinctly impressed on our minds, just as one sign painted over another is often imperfectly pourtrayed *e. g.* for pyæmia, we now frequently read septicæmia, ichoræmia, pyogenie fever, purulent diathesis. For the old fashioned term anæmia, we have now aglobulia, hypoglobulia, olygocythæmia, oligæmia hyperæmia, spanæmia, hydræmia; et si sic omnia.

In noticing from a great variety of sources the contributions to our art during the year that has past, we take up anatomy and physiology. Dr. Ogston in the Journal of Anatomy and Physiology confirms his previous statements, that the articular cartilages are of the same value as periosteum in forming new bone and in maintaining the structure and shape of the old bone. In investigating to what extent bone is formed by the articular cartilages, material assistance is afforded by the fact that bone produced by cartilage is marked by the trabeculæ of its mesh-work being placed at right angles to the bone surface, whilst periosteal bone is characterized by its main trabeculæ being parallel to the bone surface.

M. Bert, from experiments which he performed, has arrived at the conclusion that the blood never contains in the system a sufficient quantity of carbonic acid to saturate the salts, carbonates and phosphates which can absorb it, and that if this limit be reached death infallibly follows. Luchsinger, in his "contributions to the functions of the spinal cord," states it as his opinion that the spinal cord contains a series of centres which command the functions of all parts. These functional centres are put in action by sensory nerves (reflex action), and by the direct action of physiological stimuli (automatic activity). All recent facts, the author states, are in opposition to the grouping of a series of centres in the medulla. The demonstration of motor centres was partly shown when the reflex power of the spinal cord was recognized. To prove that it was automatic, Luchsinger applied a direct stimulus to the cord, more particularly to the cells of the anterior cornua. He found on experimenting with a cat, that the blood in dyspnœa caused local convulsions in the posterior portion, whilst general convulsions ensued after section of the cord in the dorsal region, or if the circulation in the carotid and cervical arteries was arrested; but if the circulation was stopped in the spinal cord, by tightening a ligature passed round the descending aorta the convulsions were localized to the posterior portion. It is therefore useless, in the opinion of the author, to speak of encephalic

convulsive centres. Dr. McKellar, in an article in the *Glasgow Medical Journal*, considers that although the proportion differs in different eyes, yet, in most cases, the fibres entering into the formation of the lamina cribrosa, from the choroid are in excess of those derived from the sclerotic, and that in some eyes the choroidal fibres are hardly supplemented by the selerotic at all. In every eye in which a great amount of accommodation is necessary to obtain clear vision, the choroid is of necessity pulled upon and strained by the action of the ciliary muscle, and if the lamina cribrosa be mainly formed by that tunic it follows, that the disc, the retina and its vessels are all exposed to serious disturbance. In this manner the author considers many cases of retinitis, abnormal condition of the vessels of the fundus and hyperæmia with subsequent anæmia and atrophy of the disc, are due, not to central changes or primary alterations in the tissues themselves, but to the effects of chloridal irritation. Dr. Bernhard Demant has had an opportunity of studying the secretion and action of the succus entericus in the human subject. This secretion is a thin clear fluid, with a strongly alkaline reaction. It contains no peptic ferment, and has no influence upon the various forms of proteid. Inulin is not converted by digesting with this juice into grape sugar. Fats containing free fatty acids are emulsified, but neutral fats remain unacted upon. Dr. Flint, in a paper on the source of muscular power, concludes that the true orign must be sought in the muscles themselves, and that the exercise of these muscles produces a waste which is measured by nitrogen excreted. That food is not directly converted into force in the living body, nor is it a source of muscular power except that it maintains the muscular system in a condition for work.

Very much more might be given on the progress of anatomy and physiology did our space permit, but as the busy practitioner has little time for speculative disquisitions we pass on to the field of medicine and therapeutics.

In the treatment of pruritus vulvæ, M. Duhring speaks favorably of camphor, chloral, borax, and tincture benzoin co.,—chloral in the strength of grs. x—xxx to ℥j of water. As an ointment camphora *et* chloralis aa ʒj., ungt. aq. rosæ ℥j. Mr. Byron Bramwell records ten cases of aneurism of the aorta, treated by iodide of potassium in half gramme doses thrice daily, in six of which considerable relief was afforded. In the same disease Dr. Carter reports a case where iodide of potassium having failed to relieve, ergot in three grain doses by hypodermic injection was given; the patient was discharged greatly relieved. On re-admission some months afterwards, galvano-puncture was resorted to, the needles insulated to within half an inch of the point and as fine as possible, the operation lasting forty-five to fifty minutes. The result was favorable. Dr. Louvel Lamare treats the catarrhal stage of pertussis with tincture of bryony and the paroxysmal stage with tincture of drosera, one gramme daily for a child seven years old. Dr. Lockie, of the Cumberland Infirmary, calls attention to the benefit of arsenic in five minim doses in certain forms of anemia, where iron and liberal diet have failed to relieve. Dr. Teevan recommends in chronic cystitis an exclusively milk diet. Dr. Langlet of Rheims, publishes a case of albuminuria during pregnancy, treated successfully by jaborandi. The drug was exhibited continuously for sixteen days, at which time the œdema disappeared. At a meeting of the German Association at Cassell, Dr. Kunze recommended curare in the treatment of epilepsy, as superior to bromides,—commencing with the dose of a milligramme. Dr. Swan of Chicago recommends for whooping-cough a solution of quinine and tannin, four grammes of the former to one of the latter in water or syrup, the dose to be proportioned to the age of the child.

Dr. Workman in the CANADA LANCET, has translated from the *Revista Medica Quirurgica* of May 8th, a case of poisoning from two grammes of crystallized strychnine. A pint of olive oil was administered through an interval between the teeth. An enema of 500 grammes of brandy in a like quantity of water, with two grammes of laudanum was introduced, and the anus plugged. Four grammes of iodide of potassium and one gramme of iodine, dissolved in a litre of water were subsequently introduced into the stomach. The antagonistic properties of the brandy and laudanum, and the antidotal value of the iodinic solution proved effectual in rescuing the patient from death. Professor Hardy has returned to the old practice of giving large doses of tartar emetic. After vomiting his patient three or four times and purging him, he abandons the medicine. He

claims that under this treatment the temperature will sink considerably, and the pulse become less frequent, and brandy is then administered. M. Khastagi has successfully treated five cases of traumatic tetanus by the smoking of Indian hemp leaves. Dr. Haussman of Berlin recommends for the treatment of sore nipples, compresses soaked in a five per cent. solution of carbolic acid changed every two or three hours, the nipples to be washed before applying the infant.

Dr. Pownel records the successful treatment of a number of cases of diphtheria by salicylic acid in doses proportioned to age, alternately with tincture of perchloride of iron. In cases of eczema, Professor Kaposi recommends an ointment which he names, ung. vaselini plumbic, made by dissolving and incorporating thoroughly by the aid of heat, equal parts of lead plaster and vaseline to which a little oil of bergamot is added. Sir James Alderson calls attention to the injury which may be done to the internal coats of the stomach by the exhausting powers of the stomach pump, and recommends as a substitute, an india rubber tube with an opening near one extremety. This is to be filled with water or some other bland fluid, the other end of the tube which should be funnel-shaped held above the mouth. As soon as the tube is full, pressure is to be rapidly applied to the tube at its upper or outward opening, pinched quickly between the finger and thumb and then turned downwards when acting as a syphon, it will empty the stomach. Dr. Rokitansky has found, when cases of diphtheria have resisted the employment of salicylic acid, a 50 per cent. solution of chloral of use—the solution to be applied every half-hour with a camel's hair brush. M. Galezowski has demonstrated that dropping atropine solution in the eye may be attended with danger, and recommends the substitution of duboisin. To minimize the danger at the time of instillation, apply pressure over the punctum lachrymale. To prevent the nauseating effects of opium and its salts, Dr. Busey, combines with it the oxalate of cerium.. Citrate of caffein is also used, but with less efficacy. Nitrite of amyl has been used successfully as an antidote to chloroform. It acts by opening the arterial channels and thus admitting blood to the brain.

Dr. Stark has found great great benefit result from the use of hydrate of chloral in injections in cases of irritability of the stomach. The solution of chloral should be warmed to the temperature of the blood, and in smaller doses than by the mouth. Professor Rutherford of Edinburgh has recently recommended two new drugs for increasing the functional activity of the liver viz. *Euonymin* and *Iridin*, the former from Euonymus Atropurpureus, the latter from the Iris Versicolor. M. Bouchut considers that chloral may be administered to children with much less danger than to adults, and in proportionately larger doses Neumann has found boracic acid useful in pityriasis, herpes, pruritus, urticaria and eczema; formula, boracic acid one part, alcohol thirty parts, glycerine sufficient to disolve the acid, and clove oil a few drops, apply with a brush. Dr. Wyndham Cottle has treated successfully cases of elephantiasis Græcorum with chaulmoogra oil in doses of four minims increased gradually to forty twice daily. It is also given in India for scrofula, skin diseases, and leprosy. Dr. Wm. Anderson records the successful treatment of a case of acute desquamative nephritis by daily injections of a quarter of a grain of pilocarpin which produced profuse perspiration and salivation lasting half an hour.

M. Lapin gives an account of the trials that have been made in fifty cases of cold enemata as an antipyretic in fevers. After clysters at 10°. C. the temperature scarcely reaches its former height in the axilla for from 30 to forty minutes, in the hypogastrium after an hour, and in the rectum after an hour and a half. The clysters at 10°.C. are well borne leaving a pleasant sense of coolness extending over the whole body. Besides removing masses of fæces, they diminish meteorism, and thus remove a source of self poisoning by means of the contained gases. Fluid extract of coto bark is strongly recommended by English practitioners in the diarrhœa of phthisis and persistent diarrhœa of children. Dr. L. Peroud has employed hypodermic injections of arsenic in chorea since 1875. Four or five drops of pure Fowler's solution are injected into the cellular tissue by means of a hypodermic syringe every day or every second day; under the influence of these injections sixteen cases of chorea ended in recovery after an average of thirty two days treatment, and about eighteen hypodermic injections. Dr. Kelp has effected cures in obstinate cases of incontinence of urine, by the subcutaneous injection of nitrate

of strychnia; a single administration of a small dose in the neighbourhood of the sacrum is found to be sufficient to arrest the complaint. According to the observations of Dr. Teste, jaborandi is a most powerful and efficient remedy in mumps, by virtue of its hydragogue and sialagogue properties.

In the department of surgery, the antiseptic treatment of wounds and Listerism still hold a prominent place in the discussions of the various scientific bodies. Both at the British Medical Association, and at the International Congress at Amsterdam, great prominence was given to these questions. Lister's reception at the meeting of Congress by the prominent men of Europe, shows more forcibly than words can do, the hold his system of treatment has upon the minds of the great surgeons of the old world. Mr. Lister has been frequently reproached for not having published statistical results of his treatment. He has recently yielded so far as to give in the *British Medical Journal*, a record of all the cases of joint opening for a series of years, and the result shown is a marvellous triumph for antiseptic surgery.

In the domain of operative surgery, the most daring operation was that performed by M. Pean of Paris. He removed the pylorus, which was the seat of carcinoma, and stitched the severed end ot the stomach to the duodenum. The patient lived five days after the operation. Considerable intererest was manifested at the medical Congress in the application of the Neitze-Leitner endoscope for the purpose of so illuminating the interior of the rectum, bladder or stomach, that the inner surfaces of these organs may be seen. It is, however, too expensive and cumbersome, and too limited in its scope ever to come into general use.

Attention has again been called to the occurence of fatty embolism of the lungs and various tissues of the body, after great traumatic lesions especially where injuries to the osseous system have been sustained, and to this cause in many cases has been attributed the sudden death, after severe wounds, formerly attributed to shock.

The operation of tracheotomy has been rendered bloodless by the use of the galvano-cautery, and Dr. Martin, of Boston, has made a new departure in this operation, in which he dispenses with the usual tubes which are a source of irritation and cause so much trouble in keeping them from becoming blocked up. He makes the incision in the usual way down to and through the trachea, a central stitch is then introduced into each edge of the wound through the tissues, including the trachea. This is loosely tied so as to form a loop, through which a long strip of adhesive plaster is passed, upon this very slight traction is made, the plaster being crossed at the back of the neck. Unless the traction is too strong the loops will not cut through for two or three weeks. The operation of gastrotomy still continues to attract the attention of surgeons. Two cases were operated upon in London—one by Mr. Langdon at St. Bartholomew's, and the other by Mr. McCarthy at the London Hospital, in both cases for malignant stricture of the œsophagus. The operations were, of course, unsuccessful, so far as cure was concerned, but they afforded considerable relief to the patient for the time being.

A somewhat unusual operation was performed by Mr. Bryant, of London, on a patient who was the subject of biliary calculi. An abscess had formed and discharged, leaving a sinus leading down to the gall-bladder. Mr. Bryant made an exploratory incision, and at the depth of two inches removed from the gall-bladder a biliary calculus one inch in length. The wound closed up in about a month and the patient left the hospital cured. Extirpation of the kidney has been performed by Dr. Martin of Vienna for "floating kidney." He has performed this operation in all five times, four of which were successful. An incision is made commencing two inches above the umbilicus and extending two inches below. The bowels are pushed aside and the kidney pressed up from the loins and seized with a vulsellum. The peritoneum is stripped off, and the ureter and vessels are transfixed and tied as a broad pedicle is secured in ovariotomy. The operation of paracentesis pericardii has been several times performed, and with such beneficial results and freedom from danger as to be looked upon as a justifiable operation whenever the surgeon can be pretty certain of the presence of fluid. A new anæsthetic, hydrobromic ether, has been introduced into practice during the past year and bids fair to rival all those in present use. It has been used in upwards of one hundred cases, not only without a fatal result, but also without any unfavorable symptoms. A few drachms upon a towel are usually sufficient to produce complete anæsthesia. Dr. Turnbull of Philadelphia

has adopted it in his practice, and speaks favorably of its use. It is rapid and transitory; there is no subsequent depression and usually no vomiting.

In the department of obstetrics and gynæcology the annalist must always feel himself on unstable, or periodically shifting ground, for what between the ephemeral popularity and duration of new theories and practice, and the resuscitation of old ones, he can never be free from the apprehension that before another revolution of the earth in its orbit, innovations which have been trumpeted into precocious fame as substantial reforms, or invaluable improvements, will be consigned to the limbo of the short-lived and early forgotten. Both midwifery and the diseases of women are storm-beaten coasts, perpetually exposed to the demolishing force of tidal waves, which succeed one another at intervals more or less approximating to periodicity, so that what is to-day dry land, may, in the course of a few lunations, have become eroded and submerged, and utterly lost to human vision. If all the theories, practical innovations, and implemental contrivances which have distinguished obstetric and gynæcological science and art, were now to be exhumed from the graves to which they were consigned at various ages,—what a motley and monstrous aggregation would be presented. The uterine speculum, regarded by so many as a modern invention, was well known to Greek gynæcologists twenty-three centuries ago, but we doubt if they understood its *profitable* employment half so well as do our experienced specialists of the present day. Scores of gynæcological processes, which to-day are held forth as proofs of the immense advancement of this branch of lucrative (or lunatic) practice, were well known to the ancients. We dare not say who invented, or first used, the midwifery forceps. If this instrument was unknown to Galen or Celsus, we must only say that they were very far in the background, as compared with the elder Ramsbotham, Dr. George Johnston of Dublin, or Dr. Maughs of St. Louis. These gentlemen have revised the code of obstetric ethics, and demonstrated, beyond all hope of redemption, the stupidity and hardness of heart of all their predecessors, whose timidity prevented early recourse to this potent rapidifier of fœtal delivery. Dr. Johnston has proved, to his own eminent satisfaction, that Clarke and Collins were but little better than lazy waiters on Providence, and like many other fast men, he has marshalled imposing statistics in support of his doctrine. But a very little boiling down of his figures suffices to shew their hollow plausibility. That an obstetrician who employs the forceps very frequently (which simply means, very often when instrumental aid is uncalled for), shall be able to show a larger percentage of success than one who has recourse to it only when it has become indispensable, we do not regard as very unconceivable; and that the forceps may be a very harmless instrument in the hands of an experienced and careful operator, we mean not to dispute; yet, in common with many obstetric practitioners who lingeringly hold on to the tenets of the old masters, by whom it was taught that "meddlesome midwifery is bad," we confess to a certain degree of old fogyism, and cannot help thinking that it is wiser to make haste slowly, than to contend against nature at race-horse speed. The man who has more regard to the time exigencies of his own too ample practice, than to the ultimate well-being of his patient, may sometimes (too often we fear), be tempted to economise the former at the expense of the latter; and those who have been taught by celebrated preceptors, that the acceleration of parturition by recourse to the forceps, is a process of little or no danger to the mother, may sometimes far outstrip the admonitions of their teachers. A case is reported in the London *Medical Record* for August last which may serve as an admonitory illustration of our views. A lady in whom the pelvis was slightly contracted, and who had suffered from hip-joint disease when a child, was in labor at full term. She was attended by two medical men, chloroform was administered, and the forceps applied; and first one and then the other made traction, until each in turn "became exhausted;" craniotomy then suggested itself, but before deciding, another desperate effort was made, when the accoucheur heard two distinct smothered snaps—fracture of the os pubis had taken place, and delivery was readily effected. The child only survived a few minutes. The mother recovered so as to be able to go about on crutches.

The subject of intra-uterine medication has received considerable attention during the past year. The result of the discussions that have taken place has shown that harsh intra-uterine medication was not free from danger, and that greater attention should be paid to the correction of the faulty posi-

tion of the uterus, when milder applications, such as iodine combined with iodide of potassium, or a solution of iodine in carbolic acid, would be found to yield equally satisfactory results.

Dr. Rosenthal endorses the treatment pursued by Dr. Copeman, in the arrest of vomiting in pregnancy by dilatation of the os uteri with the finger in the cervical canal. To prevent the occurrence of puerperal fever, Dr. Bischoff, of Basil, advises as soon as labour has begun, to wash out the vagina every five hours with a two per cent. solution of carbolic acid, the attendant also washing his hands in a three per cent solution. During convalescence frequent carbolized injections should be made into the vagina, and uterus, if necessary.

In the field of gynæcological surgery much has been done, and good results obtained. The remarkable successes of Mr. Keith, of Edinburgh, in operating upon upwards of seventy cases of ovarian disease, without a single death, is a wonderful triumph both for ovarian surgery and Listerism.

The operation for the removal of the uterus and ovaries in cases of Cæsarian section, has again been revived in Vienna, and has been attended with a fair measure of success. The advantages claimed for it over the old method of Cæsarian section are, that bleeding is entirely controlled, the danger of peritonitis is less than when uterine sutures are used, and the woman can never again become pregnant. Extirpation of the uterus for sarcoma, was recently successfully performed by Professor Schrœder of Berlin, and the patient recovered without an unfavourable symptom. He adopted a new plan in the treatment of the stump. After transfixing the cervix at the vaginal junction and tieing, he amputated the body of the uterus at the os internum. He then exsected the stump conically from the amputation surface downwards to the point of transfixion, and brought the thin edges together antero-posteriorly with fine carbolized silk sutures, thus leaving only serous surfaces in contact internally.

The bibliography of the past year has shown a large increase over preceding years. In fact it is becoming a question where all this is to end. Books are being issued from the press faster than they can be read and reviewed. Among the new books and new editions of old ones, we mention the following: — The Cell Doctrine, by Jas. Tyson, M.D.; Diseases of the Bladder and Urethra in Women by Alex. J. Skene, M.D.; Contributions to Operatic Surgery by J. Ewing Mears, M.D.; Localisation in Diseases of the Brain by J. M. Charcot; Clinical Diagnosis by Jas. Finlayson, M.D.; Elementary Quantitative Analysis by Alex. Classen; Manual of Physical Diagnosis by Francis Delafield, M.D.; Lectures on Physiology by J. T. Whittaker, M.D.; Notes on the Treatment of Skin Diseases by Robt. Liveing; Lectures on Bright's Disease of the Kidney by J. M. Charcot; A Manual of Bandaging by C. H. Leonard, M.D.; Atlas of Human Anatomy by R. J. Godlee, F.R.C.S.; Text-book of Physiology by J. Fulton, M.D., M.R.C.S.; Physiological Therapeutics by Thos. Poole, M.D.; Clinical Lectures on Diseases of Women, by Lombe Atthill, M.D.; Physics of the Infectious Diseases, by C. A. Logan, M.D.; Naval Hygiene by J. Wilson, M.D.; Health Primers by various authors; Modern Surgical Therapeutics by G. H. Napheys, M.D.; Atlas of Skin Diseases by L. A. Duhring, M.D.; National Dispensatory by Drs. Stille and Maisch, (two editions); Epitome of Skin Diseases by Tilbury Fox, M.D.; Principles and Practice of Gynecology by T. A. Emmett, M.D.; Outlines of Organic Chemistry by C. G. Wheeler, M.D.; Manual of Diseases of Children by E. Ellis, M.D.; Demonstrations of Anatomy by G. Viner Ellis, M.D.; Man's Moral Nature by R. M. Buck, M.D.; Elementary Anatomy, Physiology and Hygiene by E. Playter, M.D.; Diseases of Infants and Children, by J. L. Smith, M.D.; Spermatorrhœa, by Roberts Bartholow, M.D.; Principles and Practice of Surgery, by John Ashhurst, M.D.; Hygiene and Public Health, by A. H. Buck, M.D.; Manual of Operative Surgery, by Stephen Smith, M.D.; Manual of Midwifery for Midwives, &c., by F. Barnes, M.D.; Advantages and Accidents of Artificial Anæsthesia, by L. Turnbull, M.D.; Diseases of the Throat and Nasal Passage, by J. S. Cohen, M.D.; Photographic Illustrations of Skin Diseases, by J. H. Fox, M.D.; Diseases of the Alimentary Canal, by S. O. Habershon, M.D.; Quantitative and Qualitative Analysis of the Urine, by Drs. Neubauer and Vogel; Surgical Diagnosis, by A. L. Ranney, M.D.; Therapeutics and Materia Medica, by R. Farquharson, M.D.; Venereal Diseases, by F. J. Bumstead, M.D.; Principles and Practice of Midwifery, by M. Leishman, M.D., &c., &c.

Among the names of departed brethren during

the past year we find many prominent men, both at home and abroad, who have "paid the last debt of nature." Among those we may mention Dr. Murchison and Mr. Maunder of London; Prof. Piory of Paris; Tilbury Fox; M. Chassaignac; Prof. Biddle, G. B. Wood, and Isaac Hays of Philadelphia; M. Woodworth of Washington; Freeman J. Bumstead of New York, and H. J. Bigelow, M.D., of Boston; and among our Canadian brethren may be mentioned Drs. Campbell, Toronto; L. Langstaff, King; N. Matheson, Em bro; J. B. Meilleur, Quebec; J. A. Desloges, Pembroke; J. P. Jackson, Berlin; Wm. Wade, Cobourg; J. A. Chambers, Greenbush; H. C. Fuller, Montreal; H. N. Curtis, Dunham, Que.; J. J. McKenzie, Dartmouth, N.S.; — Gaucher, Milton, Que.; G. E. Bomberry, Tuscarora; W. C. Hagerman, Lynedoch; J. B. Laing and E. L Hopkins, Hamilton; H. Mills, Wheatley; F. H. Braithwaite, Port Perry; J. H. Morden, Brockville; R. C. Fair, Orangeville; J. Clark, Westport; R. W. W. Carroll, Barkery, B.C.; J. Garvey, Ottawa; W. A. Doupe, Zurich; A. Moberley, Collingwood; D. J. Pollock, Scarboro'; R. Aberdein, Chippawa; W. W. Mines, Massawippi, Que.; S. Earle, Hampton, N.B., &c., &c.

We have given such a retrospect as our time and space will permit, and we fear anything further would only tire the patience of our readers. The most striking have been noticed, and it only remains for us to express our sincere thanks to our patrons for their liberal support. The increasing circulation of the LANCET both in the Dominion and abroad enables us to exclaim;—Quæ regio in terris nostri non plena laboris." We assure our friends that we shall endeavour to retain their good opinion, sparing no pains to keep on a level with the medical literature of this continent, and embracing in the foreign department all that is interesting in French, German, Spanish and Italian medicine.

TRINITY MEDICAL SCHOOL—ANNUAL DINNER.

The annual dinner of the Faculty and Students of Trinity Medical School, Toronto, was held in the Rossin House, on the 5th of December. The following gentlemen were among the invited guests. Mr. Justice Cameron, Mr. Goldwin Smith, Prof. Croft, Prof. Loudon, Mayor Beaty, Rev. W. S. Rainsford, Rev. John Langtry, Rev. Mr. Hogg, Mr. C. J. Campbell, Mr. Ince, Mr. Kirkland, Mr. J. S. Vankoughnet, Dr. Aikins, Dr. Clark, (asylum) Dr. McDonald, (Hamilton), Dr. Pyne, Dr. Canniff, Dr. O'Reilly (Hospital), Dr. Burns, Dr. Graham, Dr. Baldwin, &c. Mr. J. C. Black presided, and Messrs. W. F. Brett and J. C. Urquhart, filled the first and second vice-chairs respectively. The dinner was of the most sumptuous kind, and the orchestra of the Grand Opera House furnished some excellent music during the evening. After dinner the usual loyal toasts (drank in cold water) were duly honored. Dr. McDonald, of Hamilton, responded to the "Army and Navy." The secretary then read several letters of apology from prominent gentlemen who were unable to be present.

The "Dominion and Local Legislatures" was responded to by Dr. Clarke, though not an M.P. In his remarks he complained that by act of the British Parliament a duly registered British graduate could practice in any part of Her Majesty's Dominions. In this matter the Parliament of England undertook to legislate for Canada inde pendent of the Canadian Parliament, which should not be the case. He hoped his hearers would endeavour to get this state of affairs changed, for in his opinion Canada should be allowed to legislate for herself and not be liable, in a matter affecting her local interests to find her own laws over-ridden by laws passed over the water. At all events, he thought Canadian medical men should be on an equal footing with their brethren at home.

The "Mayor and Corporation" was responded to by Mayor Beaty, who expressed a wish that next year the citizens of Toronto would elect a medical man to the civic board.

The "Learned Professions" was the next toast proposed. Mr. Goldwin Smith in responding said, although he was a votary of learning, he had never had a profession. He had learned a little law, but not enough to do him any harm, or to enable him to do any harm to his neighbours. There was only one way in which he could claim to be a professional man, and that was in the respect alluded to by the old sage who had left us the adage. that a man at forty is either a fool or his own physician. He supposed a man exceptionally gifted might be both. Not being exceptionally gifted, and having arrived at the age of forty, he hoped he was his own physician; not that he would "quack" him

self, for when his time came, he meant to go out of the world *secundum artem*, and by the hands of a learned professor. Quacks obtained a great deal of sympathy from the masses, who commonly regarded them as persecuted men of genius—and indeed they did frequently fall under the persecution of the police. People would do for a quack often what they would not do for the regular physician. They would obey a quack, in whose words they fancied there was some magic, when they would not obey a regular physician, in whose words they thought there was no magic. There was no body of men—and he made no exception—to whom the world owed greater gratitude than it did to physicians. There was no body of men from whom society received so much, and to whom it paid so little. He thought a man setting out in the medical profession must have almost the spirit of a missionary. He must set out for the purpose of doing good and not for reward. He was the slave who always worked. The lawyer had his vacation. Even the clergyman might leave his little flock for a time in the wilderness and take his holidays. But the medical man had no moment to call his own. He was at the common call at all hours, and he had often to deal with humanity in its most repellant states. But still he reaped a rich reward in doing boundless good, and had the regard of the sick man as his best friend in the very best sense. May the medical profession in Canada grow in honour and usefulness, in science and beneficence, and in the gratitude of mankind.

Mr. Justice Cameron, in replying on behalf of the legal profession, said he had always held the opinion that it was unfortunate that we had so many universities as we have, and that if we had a greater number of colleges and only one university it might be better for us. He pointed out that this country, though now robust and able to stand alone, had been nursed in its infancy by the Mother Country at great expense, and, therefore, when the Mother Country chose by its legislation to say that the rights of a man who had attained a certain position in education there, ought to be respected all over the world, we, as subjects of the land, ought to hesitate before we said that the Mother Country had been doing an injustice. If they thought a man's education in England was not sufficient, then they would be right in saying that he should not be registered here ; but they should be able to say that we who claimed to be on a level in matters of medical education with Great Britain expected that if her sons came to practise here we should have reciprocity, and be allowed to practise there. (Applause.) Rev. Mr. Rainsford and Mr. Vankoughnet also responded.

The " Universities with which we are affiliated and Sister Institutions," was next on the programme. This was responded to by Rev. Mr. Langtry for Trinity University, Prof. Croft for Toronto University, Mr. Shaw for the University of Halifax, and Mr. Ferguson for University of Manitoba. Dr. Aikins responded for the " Sister Institutions." He said he agreed with what Mr. Justice Cameron had said regarding the universities, but not in regard to medical men coming from Great Britain to practice here without undergoing an examination. If all of them were men of high attainments he would not object, but such was not the case. He also suggested that the Government of Ontario should endow the Toronto General Hospital more liberally, and referring to sanitary matters he would recommend for adoption the employment of a couple of competent medical men to lecture to the people on sanitary matters.

The " College of Physicians and Surgeons, Ont." was responded to by Drs. McDonald and Pyne. The " General Hospital and Trustees," by Dr. O'Rielly and Mayor Beaty. " Trinity Medical School " was the next toast. The Dean, Prof. Geikie, in responding to this toast said that the school was never more prosperous or numerously attended than at present, and this was due to the students themselves and to the faculty of past years. The General Hospital, which was now in a better condition than at any previous period, had been a great aid to the school, and their thanks were due especially to Dr. O'Reilly and the trustees of the Hospital for many kindnesses. He commended the single portal system for entrance to the medical profession, as affording a better guarantee than any other of efficiency in the profession. Prof. Temple also alluded to the success of the school, and the general good conduct and earnestness of the students in their work. He felt sure they would be a credit to themselves and a benefit to the community in which they might reside. Prof. Fulton referred to the almost universal remark that we are turning out too many medical men, but maintained that so long as a high standard of professional attainments was insisted upon, no great danger was to be apprehended from over-production. The Western States and the great North-West opened up a wide field for our surplus medical population. He was much pleased with the remarks that fell from Mr. Justice Cameron in regard to the admission of duly registered British graduates to practice in Canada, and had no sympathy with the views of Drs. Clarke and Aikins in reference to this matter. Anything exclusive and bordering on trades-unionism, would be looked upon as exceedingly illiberal in a profession like ours. There was no danger of the country becoming flooded with British graduates. There have been but few names of British graduates added to the register since the passing of the objectionable Act in 1856, and we would not have heard a word about it, had not a few Canadian graduates, who subsequently qualified and registered in England, returned to Canada and claimed registration under the Act, without passing the examin-

ation of the Council. What is wanted is reciprocity in medical registration between Canada and the Mother Country, but that will not soon be brought about by the present policy of the Ontario Medical Council.

Prof. Kirkland was also called upon, and responded in suitable terms, and Prof. Kennedy favored them with a song. The toasts of the "Graduates and Undergraduates," "The Ladies," (responded to by Prof. Robertson,)and "The Press," were duly honored. Hopes were expressed that at these dinners the "Medical Press" would in future be specially represented.

MEDICAL PROTECTION.

In another column we publish a letter, signed "Protection," not because we endorse all the statements contained in it, but because we are desirous that both sides of the question may be discussed. We fail, however, to find any valid arguments against the course pursued by the President and Executive committee of the Council in reference to the stay of prosecution in the case of midwives. Although frequently at variance with the Council in regard to the doings of its members, we are fully prepared to endorse their action in this instance. The persistent and continuous prosecution of a parcel of ignorant old women, cannot fail to bring the profession and the Council into contempt—especially when, as one of our eastern correspondents says, there are "larger fish to catch." First, let the public prosecutor exterminate all the male bipeds of the *genus homo* practising without a license in the Province, and then, instead of sitting down to weep because his "occupation is gone," let him turn his attention to the "ancient" dames, if "the game be worth the candle."

There seems to be some misapprehension in the minds of some members of the profession in regard to the President's order. It only applies to women who are acting in the capacity of "midwives" in different parts of the Province; the public prosecutor has full power and continues to exercise it, in regard to so-called medical practitioners of the male persuasion

An Important Decision.—Dr. Mallory vs. The Ontario Medical Council—The plaintiff, Dr. Mallory, a Canadian graduate, who subsequently qualified and registered in England, applied to the Council of Ontario for registration. This was refused, and the Dr. issued a process in the Court of Queen's Bench calling upon the Council to show cause why he should not be registered. The case was heard before Chief Justice Hagarty, who recently gave his decision in favour of the plaintiff. The learned judge was pretty severe upon the Council, and warned that body not to attempt to extort a four hundred dollar registration fee from duly registered British graduates who desire to practice in Ontario. We are much pleased with this decision, as it bears out the views we have so often expressed in these columns, and we congratulate Dr. Mallory, and others similarly situated, upon the result.

Trinity College Convocation.—The following gentlemen received the degree of M.D. at the regular annual Convocation of this University on the 18th of December, 1879—W. Cornell, A. J. Geikie, C. O'Gorman, W. B. Duck, J. W. Sharpe, A. C. Graham, J. D. Anderson, R. H. Barkwell, and W. E. Winskell. Forty-one matriculants in medicine were also received, and their names entered on the register of the University.

The Chancellor in his address alluded to the department of medicine connected with the college, and stated that arrangements had been made during the past year with the Faculty of Trinity Medical School, by which great improvements had been made in their building, and increased facilities given for the work of those who so ably presided over that school, the success of which was attested by the increasing numbers sent up each year as candidates for the degrees. He also alluded to changes which had been made in the statutes, by which the graduates of the university would have a voice in its government, and that in future they would be entitled to vote for the election of a Chancellor, and also for eight members of the Senate.

Death from Chloroform.—A death from the inhalation of chloroform recently occurred in the General Hospital, St. John, N.B. The patient was about to be operated upon by Drs. Christie and White for caries of the bones of the foot. Dr. Crookshank administered the chloroform, having taken every precaution against accident. The chloroform was given drop by drop, and not more

than two drachms were administered when the face became pallid and breathing ceased. Every means was used to resuscitate the patient, but without avail. No blame was attached to the physicians in charge.

JOHNSTON'S FLUID BEEF. — This fluid Beef is essentially an extract of beef prepared on the most scientific principles, and containing all the elements of flesh food in a concentrated form. In its manufacture the albumen and fibrin, or rather the entire lean of beef, are by a special process desiccated and mechanically pulverized to such an extent as to be almost imperceptible in water. It is not only admirably adapted to the wants of the invalid, but is also useful as a ready-to-hand food, for the more robust and vigorous. The British Government gave a large order for this preparation of fluid beef, for use in the army during the recent Zulu war. We have no hesitation in recommending it as a most excellent nutriment for both invalids and convalescents.

MEDICAL ELECTIONS.—Dr. J. L. Bray, of Chatham, is a candidate for the representation of the Western and St. Clair Division in the Medical Council of Ontario. The Dr. is an advocate of increased territorial representation, and the appointment of a medical examining board from members of the profession outside the council. In his opinion there should be *two* representatives for each division, and he also thinks the fees charged to students should be lessened if possible. We hope to see the Dr. elected for this division.

JOURNALISTIC.—The *Medical News and Library* and the *Monthly Abstract*, have been consolidated into one monthly journal—*The Medical News and Abstract.* Dr. J. B. Hunter has resigned the editorship of the N. Y. *Medical Journal*, and has been succeeded by F. P. Foster of New York. A new bi-weekly Journal, *The Chicago Medical Gazette*, edited by Dr. E. C. Dudley, has recently been issued. It presents a very creditable appearance.

BRITISH QUALIFICATIONS.—The following gentlemen from Canada have satisfactorily passed the professional examination of the Royal College of Surgeons, Eng., and were admitted members of the college—Drs. C. R. McLean, J. C. C. Cleaver, J. B. Lawford, and W. H. Henderson.

The death of Freeman J. Bumstead, M.D., LL.D., of New York, is noticed in our exchanges.

Prof. Meigs, of Philadelphia, has also paid the last debt of nature quite recently.

ROGERS' GROUPS OF STATUARY. — The groups of statuary manufactured by Mr. Rodgers, Union Square, New York, are unique and universally admired.

They are made of a clay-like material, and are unexcelled for life-like expression, and correctness of symmetery. The accompanying cut, "The Balcony," represents one of his latest productions, which for beauty of conception and artistic finish, stands unrivalled. The height of this group is 32 inches and width of base 15. The lady in the Balcony is holding her little boy who is dropping a piece of money into the hat of one of the street musicians below, while the girl with the tambourine is making the dog sit up and balance something on his nose. One of his groups would make a most suitable Christmas present, and a handsome ornament for a parlour, library, or office. Send for catalogue and price list.

Books and Pamphlets.

DISEASES OF WOMEN—By Lawson Tait, F.R.C.S., Surgeon to the Birmingham Hospital for Women, and Consulting Surgeon to the West Bromwich Hospital, etc., etc. Second edition revised and enlarged. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This is another of the valuable series of reprints of Wood's Library publications, which we have perused with very high satisfaction. The book is presented on unusually strong paper, and in very clear type, covering only 185 pages of the usual size of these publications. It is not saying too much in its commendation, when we venture the opinion, that it contains more solid instruction, conveyed in clear and decided terms, than any work of double its size on the same subject, which we have yet met with.

During the process of reading we had marked for presentation to our readers, as illustrations of the merits of the book, various passages which we considered indicative of superior ability, and advanced gynecological science, but we have ultimately found these so numerous, that without doing injustice to the author, we could not make discriminant selections. Nothing, however, will more command the approbation,—if indeed we might not say the *admiration* of the readers—than the candour and courage with which Dr. Tait confesses his own past errors and failures, which we are half tempted to designate as a new departure in the specialty of gynecology. If all the aspirants to fame in this branch of surgical art, were to publish full details of their fatal issues, and largely to curtail the records of their successes, they would confer on our profession, as well as on the vital interests of society, a most valuable service. A coast chart, studded with marks of wrecks, is safer to the navigator than one which displays no such admonitors of perilous waters; and we cannot but regard every medical writer, who faithfully and frankly details his own errors and misfortunes, as an eminent and most praiseworthy benefactor, alike to science and to humanity.

Though we have said that we dare not venture on "discriminant selections," we cannot resist the temptation of presenting the following most sagacious admonition on the subject of gynecological examinations with the aid of anæsthesia: "One condition of examination, however, should never be entered upon without the presence of a third person, and this is the use of an anæsthetic; for even in the minds of the purest women, there can be no doubt that delusions occur during the anæsthetic condition which retain strong hold of their waking moments. Any man, therefore, who administers an anæsthetic to a woman, *alone*, is like the priest who hears confessions in his study—he deserves any trouble he may get into, either for his folly or his crime."

This is very hard language, but it is both honest and wise, and it may be profitable to both the young and the old to bear it constantly in memory.

Here is another little excerpt which may be commended to careful consideration, for it is to be feared that it is even more called for in this country than in England.

"Armed with the caustic stick, the inexperienced practitioner is apt to think he can cope with all uterine maladies; and very numerous are the cases in which I have seen irretrievable mischief done by this potent remedy. I have seen a very simple chronic inflammation transformed into a serious acute form by the injudicious use of nitrate of silver; and over and over again I have had to reopen the uterine canal, when it had been occluded by repeated applications. It is constantly forgotten that solid nitrate of silver is an escharotic, and that every time it is applied a process of sloughing, followed by cicatricial contraction, is induced."

The book abounds in similar valuable admonitions, which will be regarded by the experienced as judicious and noteworthy, and should be well considered by all beginners.

A SYSTEM OF MIDWIFERY, by Wm. Leishman, M. D., Reg. Prof. of Midwifery, University of Glasgow. Third edition; revised; with 205 illustrations. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

We gladly welcome the new edition of this excellent text book of midwifery. The former editions have been most favorably received by the profession on both sides of the Atlantic. In the preparation of the present edition the author has made such alterations as the progress of obstetrical science seems to require, and we cannot but admire

the ability with which the task has been performed. We consider it an admirable text book for students during their attendance upon lectures and have great pleasure in recommending it. As an exponent of the midwifery of the present day it has no superior in the English language.

MEMORIAL ORATION IN HONOR OF E. McDOWELL, the father of Ovariotomy. By S. D. Gross, M. D., L.L.D., &c. Philadelphia: Lindsay & Blakiston.

This work is in the author's happiest style, is well gotten up, and contains an engraving of McDowell and also of the monument erected to his memory in Danville, Ky.

TEXT BOOK OF PHYSIOLOGY. By M. Foster, M.A., M.D., F.R.S., Cambridge. Third edition; revised. London: McMillan & Co. Toronto: Willing & Williamson.

It is only a short time since we reviewed the second edition, and we have little to add to the opinion we then expressed in reference to the scientific character of the work. In fact this is almost an objection to the work for general use. Few have either the time or opportunity to work out the experiments and problems which it contains. The author is aware of this fact, however, and has prepared a cheap "Students' Edition," which the publishers state will be ready in a short time. The principal changes in the present edition have reference to the physiology of muscle and nerve, which the author has made more easy for the general reader.

THE PHYSICIAN'S HAND-BOOK for 1880 by Drs. W. & A. D. Elmer. Price $1.75.

This is a most excellent visiting list. It contains a large amount of useful and instructive reading matter, comprising a new classification of diseases, list of poisons and antidotes, diagnostic record, &c., &c. The addition of so much matter has rendered the book somewhat bulky, which is to some, its only objection.

THE PHYSICIAN'S VISITING LIST FOR 1880,—29th year of publication—by Lindsay & Blakiston, Philadelphia.

The present edition has been improved by the addition of a posological table, metric system of weights and measures, &c. These visiting lists are indispensable to the physician; carried in the pocket they are always convenient for making entries of visits, advice, &c., which might otherwise be neglected, and thus save their price many times over in the course of a year.

APPOINTMENTS.—Dr. J. A. Grant, of Ottawa, has been appointed consulting physician to the General Catholic Hospital *vice* Dr. Hill, retired; and Dr. Prevost has been appointed a member of the acting staff. Dr. Hill on the occasion of his retirement was presented with a complimentary address by his confreres, and was subsequently appointed an honorary member of the consulting staff of the Hospital. He has been a member of the staff for almost a quarter of a century. Dr. Kannon, of Bishop's College, Montreal, has been appointed house surgeon to St. Peter's Hospital, Albany, N.Y. Hon. Dr. Paquet, of St. Cuthbert, Que., has been appointed Prof. of Hygiene in Victoria College Medical Faculty, Montreal. Thos. Walker, M.D., of St. John, N.B., has been appointed one of the visiting physicians of the General Hospital. Dr. Spencer, a Canadian graduate, has been appointed professor of chemistry in King's College, Halifax.

REMOVALS.—Dr. Hutchison, of Fordwich, has removed to Meaford; and Dr. McKelvy, of Ethel, has taken his place and practice.

CORONERS.—W. P. Buckley, M.D., of Prescott, Ont., has been appointed Associate Coroner for the united counties of Leeds and Grenville.

T. S. T. Smellie, M.D., of Prince Arthur's Landing, has been appointed Coroner for the district of Thunder Bay.

Deaths.

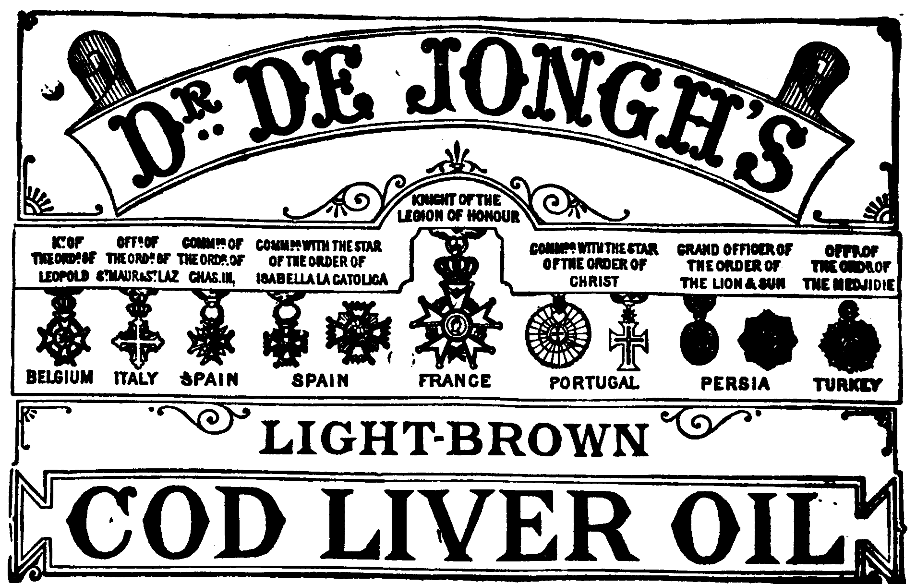
On the 28th of Nov., 1879, Arthur Moberley, M.D., of Collingwood, Ont. Lic. Med. Board 1864.

In Toronto, on the 26th Nov., 1879, Duncan J. Pollock, M.D., formerly of Scarboro', Ont.

On the 22nd of Dec., 1879, Robert Aberdein, L.R.C.S., Edin., of Chippawa, Ont., aged 71 years.

On the 6th of Oct., 1879, W. W. Mines, M.D., Massawippi, Que., aged 30 years.

On the 2nd Dec., 1879, Sylvester Earle, M.D., of Hampton, N.B., in the 89th year of his age.



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Physician in Ordinary to the Queen in Ireland.

"I have frequently prescribed Dr. DE JONGH'S Light-Brown Cod Liver Oil. I consider it to be a very pure oil, not likely to create disgust, and a therapeutic agent of great value."

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Author of "The Elements of Materia Medica and Therapeutics."

"It was fitting that the author of the best analysis and investigations into the properties of Cod Liver Oil, should himself be the purveyor of this important medicine. I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, *whom I regard as the highest authority on the subject.* The Oil is of the very finest quality, whether considered with reference to its color, flavor, or chemical properties; and I am satisfied that for medicinal purposes no finer oil can be procured."

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Medical Officer to the Poor-Law Board of Great Britain.

"We think it a great advantage that there is one kind of Cod Liver Oil which is universally admitted to be genuine—the Light-Brown Oil supplied by Dr. DE JONGH. It has long been our practice, when prescribing the Oil, to recommend this kind, since, amidst so much variety and uncertainty, we have confidence in its genuineness."—(Extract from "Consumption; its Early and Remediable Stages.")

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Lecturer on Materia Medica and Therapeutics at the London Hospital.

"I have always recognized your treatise on Cod Liver Oil as the best on the subject, and adopted its conclusion as to the superiority of the Light-Brown over the Pale Oil. I have the less hesitation in expressing myself in this sense since I am only endorsing the opinion sent to you more than twenty years ago by Dr. Pereira, my illustrious predecessor in the chair of Materia Medica at the London Hospital."

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Physician and Lecturer on Forensic Medicine, Westminster Hospital.

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King's Professor of the Practice of Physic at the University of Dublin.

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THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1879-80 will begin on Wednesday, September 17th, 1879, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty, in the same number and order as during the Regular Session. Students expecting to attend the Regular Session are recommended to attend the Preliminary Term but such attendance is not required.

THE REGULAR SESSION will begin on Wednesday, October 1, 1879, and end about the 1st of March 1880. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction.

THE SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins on the 1st of March and continues until the 1st of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

Faculty.

ISAAC E. TAYLOR, M. D., Emeritus Professor of Obstetrics and diseases of Women, and President of the Faculty.
JAMES R. WOOD, M. D., LL. D., Emeritus Professor of Surgery.
FORDYCE BARKER, M. D., LL. D., Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine.
A. A. SMITH, M. D., Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.
W. H. VAN BUREN, M. D., Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.
AUSTIN FLINT, JR., M. D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.
LEWIS A. SAYRE, M. D., Professor of Orthopædic Surgery and Clinical Surgery.
JOSEPH D. BRYANT, M. D., Professor of General, Descriptive and Surgical Anatomy.
ALEXANDER B. MOTT, M. D., Professor of Clinical and Operative Surgery.
R. OGDEN DOREMUS, M. D., LL. D., Professor of Chemistry and Toxicology.
WILLIAM T. LUSK, M. D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
EDWARD G. JANEWAY, M. D., Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clin. Medicine.

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J. W. HOWE, M. D., Clinical Professor of Surgery.
J. LEWIS SMITH, M. D., Clinical Professor of Diseases of Children.
BEVERLY ROBINSON, M. D., Lecturer upon Clinical Medicine.
EDWARD L. KEYES, M. D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery
FRANK H. BOSWORTH, M.D., Lecturer upon Diseases of the Throat.
JOHN P. GRAY, M. D., LL. D., Professor of Psychological Medicine and Medical Jurisprudence.
CHARLES A. DOREMUS, M. D., PH. D., Lecturer upon Practical Chemistry and Toxicology.
ERSKINE MASON, M. D., Clinical Professor of Surgery.
FREDERICK S. DENNIS, M. D., M. R. C. S., } Demonstrators of Anatomy.
WILLIAM H. WELCH, M. D., }
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Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	$140 00
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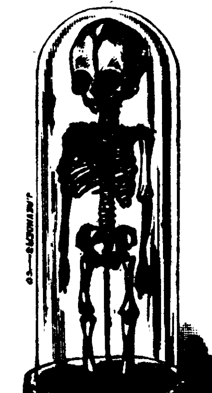

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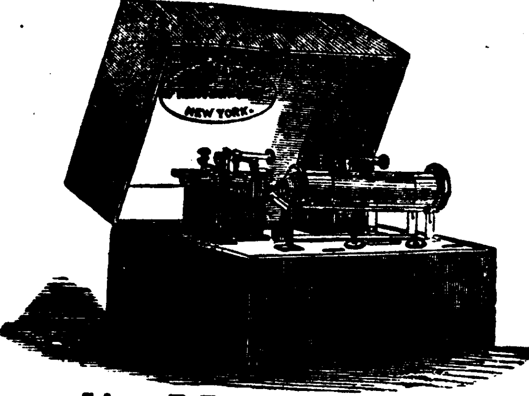

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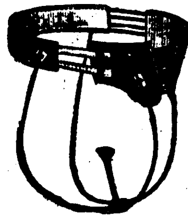

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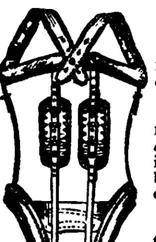

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