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CANADA

MEDICAL & SURGICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Valedictory Address to the Graduates in Medicine and Surgery, on behalf of the Medical Faculty, McGill University. Delivered at the Annual Convocation, held in the William Molson Hall of the University, on Monday, 30th March, 1874. By GEORGE ROSS, A.M., M.D., Professor of Clinical Medicine.

GENTLEMEN, GRADUATES IN MEDICINE,—Your pupilage is over, your examination has shown you to possess that knowledge which is the password for admission into the noble fraternity of medicine, your initiation is now complete, and it is my pleasing duty to be the first to congratulate you upon this auspicious termination of your labours. Each one of you now holds that coveted prize, to obtain which has cost you many hours of weary work, and many days of anxious toil through the space of four long years. You are not at all likely to overrate the importance of this present moment to yourselves, nor the value of that which has now become the individual possession of each of you. As, therefore, that which is to-day entrusted to you is greatly valued by yourselves and respected by the public, so do you, by your acceptance of the gift, at the same time take upon yourselves a very grave responsibility. Remember, gentlemen, that each one of us (for in this I speak with you as fellow-graduates,) each

one of us necessarily holds in his own safe-keeping, the honor, credit and reputation of his Alma Mater. What makes the pride and the crown of glory of a College? What but the fame, honor, and respect, which has been obtained by any of her sons? Whilst then you strive for excellence to place you in the front rank in the estimation of men, for that competence and social position which is commanded by undoubted worth, remember also that in attaining to this desirable point, you are not alone satisfying a truly laudable ambition, but at the same time you are affording gratification and real pleasure to all connected with this University, and you are adding fresh laurels to those already won, by many eminent men who have preceded you from these walls. As thus the College as a body is honored when you are praised, so in a still greater degree will your success be the source of pride and satisfaction to your own professors. To them it has been given to direct your studies, to watch your progress, to correct your errors, to praise your diligence, to sustain your interest and energy, and at the same time to set before you an example of true professional fellowship according to no mean standard. And be sure, gentlemen, that it must always be with feelings of deepest interest that they will watch the result of their endeavours to mould you into that which no community can too highly prize, viz. : high-toned, well educated professional men.

True ambition, that is a love of excellence for its own sake, is amongst the noblest motives which induce men to exert every talent and to strain every nerve, but besides this desire for high scientific or professional standing, there is also that commendable wish for material, social or worldly success which finds a place in the minds of all educated men in every path of life. Qualities which will make a man successful in one calling will not necessarily raise him to eminence in another. To make a man eminent in our profession requires a combination of qualities of very varied nature and some of a very high order. What these

qualities are we can best appreciate by studying the lives of those whose names are great in medicine, and by observing closely the characters and qualities of any of the greatest living men.

Of course, to take and be able to hold any position, it is especially necessary that you should possess a sub-structure or foundation of absolute knowledge—knowledge, the power which raises a man above his fellows. Up to this time you have been entirely occupied in the acquisition of this professional but mainly theoretical knowledge, which is to form the basis of all subsequent attainments. From this time, however, besides there remaining the necessity for forming continual additions to your original or capital stock of knowledge, it becomes necessary for you to learn how *practically* to bring this to bear upon the actual affairs of daily life. For to “get on in the world,” as the popular phrase is, not only must your abilities be sufficient, but at the same time you must convince the public that you yourself have confidence in these abilities, and then you will soon find a similar confidence shared in by them. This difficulty always meets upon the threshold a man beginning practice. He possesses something of which many are in search—medical knowledge, surgical skill—and yet, how to give the proof? Now, though what is called professional etiquette (which is in reality but the outcome or expression of a true and proper professional pride and dignity) forbids unhesitatingly every kind of self-laudation or business-like demand for patronage, yet it by no means implies that a man should go about, as Robert Hall said, “with an air of perpetual apology for the unpardonable presumption of being in the world.” It is not an uncommon mistake to suppose that a man fails to meet with the appreciation his intrinsic worth deserves owing to some optical defect upon the part of a purblind public. Of this stereotyped talk, Washington Irving justly says: “It is too often a cant by which indolent and irresolute men seek to lay their want of success at the door of the public. Modest merit, however,

is apt to be inactive or negligent merit. Well matured and well disciplined talent is always sure of a market, provided it exerts itself, but it must not cower at home and expect to be sought for."

Added to self-reliance, there is no quality more calculated to aid and further your advancement than what is called practical talent—by which I would mean what commonly goes by the name of tact—or the adaptation of ways, means and conduct, to the varying circumstances in which you may be placed. There is no force, no momentum, in mere intellectual ability, intellectual ability standing, as Burke says: "in all the nakedness and solitude of metaphysical abstraction." But, combine with this that ready tact which teaches how to do the right thing in the right place, and at the right time—and then you are in a position to bring *practically* into play your professional or scientific ability.

Bear always in mind the solemn words of the academic oath just taken—caute, caste, probe—let them be no vain form, but let them haunt you all through life, and you will find them help you in many a temptation to which you cannot but be exposed. Think always of the great and sacred trusts confided to your care—the lives of men and women, the honor of families, the happiness of the young.

Permit me also to say a word concerning that manner and bearing which it should be your aim to cultivate. In olden times the physician was expected to be a person of dignified, solemn, and unapproachable appearance; his assumed taciturnity being but a cloak for his ignorance, and his excessive gravity a profoundly acted sham. Later on, many were celebrated whose manners were brusque, rough and repulsive to a degree, but who yet sustained their reputations in spite of this. Indeed, doubtless, in many cases these very peculiarities of manner, repelling, as it were, all idea of seeking favour, were the means of still further extending a reputation founded upon unquestionable merit. But in this the nineteenth century,

this kind of meretricious worth, so easily assumed, and which at one time found so many imitators—this will not do. You will often be told that doctors are unsympathetic and hard-hearted. This I need hardly say to *you* is a vulgar error. It is a matter which is often made the subject of a jest by better educated persons, but that the idea should be accepted as a reality by any one with a knowledge of the world I do not believe. It is true that from the very nature of our calling, we are constantly brought into contact with all the protean forms of human suffering and misery, and at the same time, since we are then always called upon to act, it is absolutely necessary to maintain such calmness and composure as may inspire confidence in our patients. But in spite of this, there are a thousand other ways in which the true sympathy of the medical attendant may be evinced, and I believe that there is no calling in which real sympathy and human interest calls forth such a responsive gratitude as in our own. Be sure, then, to cultivate a demeanour towards all your patients—rich and poor alike—which shall not be incongruous with that truly high and noble calling which you have this day embraced. Try to imitate the Great Physician who “went about doing good,” and to observe in all your relations to your fellow men those great rules of morality laid down by the same Divine authority. Be patient, kind, thoughtful and considerate; place always your patient’s welfare before your own interest, or comfort, or convenience. Our very self-interest, if no higher motive, should prompt to similar consideration for the feelings of others. Nothing conduces more to worldly success, there is no quality the importance of which is more real, yet which is so underrated at this day by the young, as *courtesy*, which includes all those delicate attentions, those nameless tendernesses of thought and manner which make the true gentleman. “Prepare yourselves for the world” said Lord Chesterfield, “as the athlete used to do for their exercises; oil your mind and your manners, to give them the necessary suppleness and flexibility, strength alone will not do.”

Form at once regular and methodical habits. "Custom," said Montaigne, "is a violent and treacherous schoolmistress. She, by little and little, sly and unperceived, slips in the foot of her authority, but, having by this gentle and humble beginning, with the aid of time, fixed and established it, she then unmasks a firm and tyrannical countenance, against which we have no more the courage nor the power so much as to lift up our eyes." How often do we see in every calling of life, men of brilliant attainments and profound learning proving themselves disappointing failures just through the lack of the early formation of habits of system and method. It seems to me as though this were peculiarly the case with those of the medical profession. In the scientific pursuits connected with this profession there is so much that is calculated to excite an absorbing interest that many become engrossed in some hobby which leads them gradually to lose sight entirely of their own material interests, and they wake from their lethargy generally only in time to find their capabilities for usefulness crippled, and themselves obliged by stern necessity to continue to bear the heat and burden of their daily toil when they might have been enjoying that dignified leisure to which well spent years would have rendered them entitled. Do not make this mistake. Set about your work with a determination to do it well. The best antidote to becoming visionary, absent-minded, and neglectful (and even the semblance of neglect you will find, is always reckoned a most heinous offence) is to be from the very commencement unflinchingly systematic and methodical.

Towards your professional brethren, above all things, be charitable. Think no evil—far less express it—and be sure to let your every act towards them be exactly such as you would desire to have reciprocated. Be above any mean or petty action towards a confrere, but rather be ready always to greet with a warm and open right hand of fellowship every honest member of our great fraternity.

You have also to perform duties of the very highest mo-

ment to the state. At no period of the world's history has such attention been given to the promotion of the public health, or, in other words, to sanitary reform. Indeed, in England, so great is the social and political importance now attached to sanitary matters that the London *Lancet* has not hesitated to assert that mismanagement of this department has largely had to do with the defeat so recently sustained by the late Liberal government of that country, and there is evidence to show that, in the elections following, hundreds were led to vote for their political opponents simply because they believed that they held the soundest views on matters of sanitary legislation. Here, in Canada, public sanitation is but in its infancy, and it is incumbent upon everyone who enters the ranks of medicine, as you this day do, to lend his best endeavors towards educating the public sentiment in this direction. What we want is an entire set of laws to arrange a scheme for the establishment of authorized sanitary bodies throughout the Dominion. This is a noble object and the one which should especially engage your attention, for in this better educated century we believe and know that it is a thousand times better to *prevent* disease than to have to *cure* it.

Gentlemen, we part from you to-day, confident that you will meet with that success which a continuance of such assiduity and devotion to your work is almost certain to command. We wish you all God-speed. You know that the worldly prize is not to all, but be content if, after a life well spent in doing your best to relieve your suffering fellow-creatures you can, like Thackeray's good old Col. Newcome, with a quiet conscience answer "adsum" when your name is called.

GENTLEMEN, FARE YOU WELL.

A Case of Acute Desquamative Nephritis, occurring at the sixth month of Gestation—with almost total suppression of Urine—Induction of Premature Labor, entire fatty degeneration of Placenta.—Recovery. By JOHN REDDY, M.D., L.R.C.S.I., &c., Physician to the Montreal General Hospital, &c.

[READ BEFORE THE MEDICO-CHIRURGICAL SOCIETY.]

MR. PRESIDENT AND GENTLEMEN,—Of the case I am now about to read to you, not being one of every day occurrence, I have at the risk of being considered tiresome, ventured to give you the details, considering that its practical importance and happy termination will prove interesting to you.

On the 18th July, 1871, Mrs. I., born in Scotland, aged 38 years; middle stature; ruddy complexion, and in apparent good health, called to engage me to attend her during her confinement, which she expected about the 18th of October following. There was nothing in her appearance that would lead one to suppose that she enjoyed other than the best of health.

While giving me her history, she desired to tell me of what appeared to her rather a singular occurrence. For upwards of three weeks, towards night, she was troubled with frontal headache; sometimes very severe, accompanied by a feeling of debility and partial loss of vision, and occasionally with confusion of intellect. On further questioning her, I ascertained that she noticed the backs of her hands and her insteps slightly swollen toward the close of each day. She also suffered some pain across her loins, and had slight nausea, which never amounted to vomiting. The latter symptom she attributed to her pregnancy. Her appetite, also, of late had been very capricious, and her sleep disturbed by frightful dreams, causing much restlessness. While actively engaged in her daily calling (which involved considerable responsibility) she desired often of late to rest, every duty appearing irksome, and quite a drag to her. Through the day she had frequent desire to urinate; but only passed

her usual quantity ; her bowels have been much constipated of late. For over three weeks she has not felt the motion of the child.

She has been thirteen times pregnant (including the present) seven coming to maturity, and five abortions occurring before the fourteenth week—severe hemorrhage attending the second and seventh—that is taking them in the order of gestation. She attributed her present condition to anxiety of mind, occasioned by domestic calamity, and altered circumstances, which, I have no doubt, played a most important part, tending to keep her spirits constantly depressed, she, nevertheless, exhibited much fortitude, and determination in striving to overcome the difficulties of her position. Having examined her carefully, I could not detect any motion of the fœtus, nor heart sounds.

I requested her to send me a few ounces of her urine in the morning for examination. Next day, 19th, she again called, saying she was induced to pay me an early visit to inform me of what she considered a curious circumstance, that every time she had gone to the closet she imagined that she had passed a normal quantity of urine, but that since I had drawn her attention to the subject, she had used a chamber, and was only able to collect in the 24 hours, what she now handed me, 3 fluid drachms. It was of a smoky, dark, muddy colour, not transparent, contained over 40 per cent of albumen, and under the microscope, I found a quantity of blood corpuscles, and renal debris, and one or two dark casts. The quantity was insufficient to ascertain the specific gravity.

I prescribed a mixture of acetate of potash 10 grains, and 3 iv. infusion of digitalis every four hours ; 5 grains of compound colocynth pill and 2 grs. of extract of hyoscyamus as an aperient, every eight hours if necessary. Also to have a lamp bath for 20 minutes : directing also that should she at any time feel further indisposed I should be immediately sent for.

20th—Received a message that she felt much better. The pill and bath had given her much relief, but she could only send me $3\frac{1}{2}$ drachms of urine, all that had been passed in the 24 hours. It was the same as that first sent, in character.

21st—Not feeling quite so well, she sent for me to-day. Pulse 79, temperature normal, slept heavily during the night, headache increased and vision dull, appetite nil, œdema of hands, feet and legs marked, bowels have been feebly acted upon, but the kidneys are hardly acting, as in the last 24 hours, she had only passed $4\frac{1}{2}$ drachms of urine.

6 o'clock—A slight improvement in the general symptoms since last night.

22nd—Pulse 90, temperature 99, tongue whitish, passed a very restless night, and feels quite unwell. Face now looks puffy for the first time, œdema considerably on the increase, extending to the inguinal regions, legs and thighs have a tense feel, complains of much general uneasiness, but is remarkable for her good spirits. Could only obtain 4 drachms of urine in the past 24 hours. Ordered $\frac{1}{2}$ ounce of the potash bitartrate, and a tablespoonful of gin every four hours.

7 P.M.—No aggravation of any of the symptoms; bowels freely opened by the purge. Ordered a lamp bath.

24th—Pulse 88; tongue cleaner, seems less oppressed; but that is evidently owing to her being obliged to assume more of a sitting posture, as the œdema has increased so much that loose crepitating rales are heard over the roots of the lungs—only passed 4 drachms of urine since yesterday, character unchanged. I should have mentioned before this, that her diet consisted so far, of beef tea, chicken broth, milk, and a tablespoonful of gin three times in the day.

5 P.M.—I now had the benefit of Dr. G. W. Campbell's advice, who saw her with me, and who recommended that I should use 20 grain doses of compound powder of jalap every six hours if necessary, and continue my mixture and

gin, &c. For the past twenty-four hours I had been coming to the conclusion, that considering the gravity of the case, the only alternative would be to induce artificial labor, and thus make an effort (though seemingly a doubtful one) to save my patients life. In this view I was fully supported by my friend Dr. Campbell, who kindly offered to assist me whenever it was decided upon, and before separating, we came to the conclusion to give present treatment twenty-four hours further trial, and if no change for the better occurred, then to resort to it.

26th—Pulse 90; tongue whitish; had severe headache in the early part of the night, and much dullness of vision; complains of stiffness and tightness of her loins and back; the œdema has so increased, that across the lumbar region it is intense, and at the inguinal fold the flexure is obliterated. The purge caused twelve watery stools, and but 2 drachms of urine was collected in the twenty-four hours.

27th—Pulse 95, not full, no change having occurred, and a little less than 4 drachms of urine being voided since yesterday, it was plainly evident that nothing more could be expected from the present mode of treatment. Having fully explained to my patient the necessity and character of the operation which I purposed performing (although I may say she had been prepared for it some days previously, as I had it explained to her that it might be necessary in case other efforts failed,) she at once assented.

At 4.30 P.M., assisted by Dr. Campbell, I injected six ounces of tepid water between the membranes and wall of uterus (Cohen's plan,) which neither caused her pain nor inconvenience.

6 30 P.M.—Visited her and found that slight labor pains had commenced, os uteri unchanged in size, but softer to the touch.

8 30 P.M.—Made a visit, pains are increasing, and the os dilated to about the size of a shilling.

10 P.M.—Labor progressing well, os dilated larger than a florin, a slight show has also appeared, but she feels no inconvenience of any kind, unless from the occasional pain.

11 P.M.—Was sent for as hæmorrhage had suddenly taken place, on my arrival I found that it had been rather profuse, accompanied with a good many clots, the os was now dilated to the size of a dollar; my first concern was immediately to apply the tampon, and give her ergot and brandy. Dr. Campbell who had also been sent for at the same time as myself, arrived shortly afterwards, and kindly remained with me till 2.15 A.M.

At 2:35 A.M.—Reaction being pretty well re-established, the labor became more vigorous, and during a strong and prolonged pain the tampon was forcibly ejected. On making examination the os was fully dilated, and the child's right foot within reach. I now extracted the foetus, but not without considerable difficulty, traction having to be exercised most cautiously, as partial decomposition had rendered it easy of separation. Nevertheless, I got it all down in about ten minutes. My difficulties, however, did not end here, for by no ordinary effort could I bring away the placenta. Finally, finding it necessary to introduce my hand, and on endeavoring to seize and bring it down, it separated into five or six distinct lobules, each of considerable size, of a pale straw color, totally changed from its normal condition, the entire having the peculiar feel and consistence of a fatty body. The cord was twelve inches long, and of the same color as the placenta. Both weighed $65\frac{1}{2}$ ounces.

The foetus, a male, was small for the sixth month. I considered that it had been dead for three or four weeks.

While removing the placenta she became very weak, and part of the time the pulse became hardly perceptible, yet there was no hemorrhage. I deemed it necessary to maintain a steady pressure with the hand over the uterus (it being inclined to relax constantly) till 5.30 a.m., then the bandage was applied. From the delivery till then I had given her a few doses of ergot and a liberal supply of beef tea and brandy. At this period I was enabled to leave her in comparative safety.

28th—10 a.m.—Pulse 90, weak, temperature 99, has a pale and exhausted appearance, her spirits are good, she is doing well, discharge very moderate. To have beef essence and brandy occasionally. Visited her at 2 o'clock and 9 o'clock p.m. Reaction rapidly progressing; pulse 88, fuller and firmer. Had passed during the day over a wine glassful of urine, which by mistake had been thrown out.

29th.—Pulse, 86; more volume. Tongue clean, and a very marked change for the better. Œdema of legs, and in dorsal region perceptibly abating; uterine discharge slightly offensive. Passed since yesterday $17\frac{1}{2}$ ounces of urine, of a slightly muddy colour: specific gravity 1020; containing about 8 per cent. of albumen; microscopic character—merely a small quantity of renal debris, epithelial scales, few in number, from bladder and pelvis of kidney, and a few crystals of lithic acid. Directed the use of Condyl's fluid, ʒj to a pint of tepid water, to be occasionally injected into the vaginal passage, and ordered Iron and Quinine.

30th.—Pulse 80, good volume; marked improvement since yesterday; is hungry and relishes her food; her strength and spirits are good. The œdema has nearly disappeared from her extremities and body, and her respiration is quite free. Passed since yesterday 33 ounces of urine—specific gravity, 1018—of a pale straw colour, in which I could not find a trace of albumen; and under the microscope appeared normal.

31st.—Pulse 80, good volume; has gained considerable strength since yesterday. The œdema is all but away; the lochia have partly subsided; fetor entirely absent; continue nourishment.

August 2nd.—Pulse 78; strength wonderfully re-established; appetite excellent; bowels have acted regularly since delivery.

August 7th.—Improvement marked. Can sit up in bed, read, knit, &c. Nothing particular to record.

Being absent from the city I did not again see her till my return on the 25th August, when I found her comparatively well. She informed me that everything went on favorably till the 16th when she was seized with an attack of crural phlebitis in the left leg, attended with great pain, swelling and stiffness. She had a considerable amount of fever with much prostration. Dr. Howard kindly attended her, and prescribed an anodyne liniment, cotton wrapping and bandage to leg with suitable position, which was attended by a speedy cure, as I find her nearly well to-day.

28th—Up, moving about her bed-room.

Sept. 6th—Able to go down stairs.

13th—No further necessity exists for seeing my patient, she feels well able to go about and attend to all her household duties.

On examining under the microscope a small portion of the placenta, it was literally loaded with oil globules, and even the cord adjoining partook of the same character. I could discover but few blood corpuscles—even to the touch it had a smooth greasy feel. Another peculiarity, on cutting into one of the separated lobes, no blood appeared, the arteries contained dark clotted blood. A very striking and remarkable fact suggests itself on reading over this case, considering the small quantity of urine passed (three ounces, from the 19th to the 26th July,) that uræmic convulsions had not occurred, although many prominent symptoms were present—headache, nausea, dimness of vision, &c., yet her intellectual powers seemed but little impaired.

Stearoid or fatty degeneration of the placenta was observed by Hoboken and Haller during the last century. Since their day this condition has been noticed by continental pathologists, as Stein, Wilde, Charante and Brehm.

The importance of this condition of the placenta as affecting the life of the fœtus, and its frequency, was passed over by accoucheurs, until the occurrence of a similar con-

dition as affecting other organs, came to be studied under the microscope. To Dr. Barnes of London, is due the credit of first drawing the special attention of English accoucheurs to this condition of disease of the placenta in two very remarkable papers which he published in the 34th and 36th volumes of the Transactions of the Medico Chirurgical Society of London.

Fatty degeneration of the placenta has been found to exist in connection with the death of the foetus, both in the early and latter months of utero gestation. Dr. Barnes appears to regard this as a primary morbid condition of the placental tissue, unconnected with, or unpreceded, by any other morbid change.

Dr. Bennet, prior to Barnes' observations, examined several specimens of partial and general degeneration of the placenta. In most of these he found at certain points a co-existence of induration with exudation of lymph. Hence he concluded that the degeneration was due to an altered state of inflammatory products, that existed prior to the degeneration, a greater or less inflammatory condition of the placental substance. Virchow and Handfield Jones have also noticed the same thing, and Dr. Priestly has of late examined the subject, and believes that the so-called fatty degeneration is due to a pre-existing low form of inflammation of the placenta. Simpson, as early as 1836, described a condition of the placenta, which he termed chronic inflammatory induration, and which he states frequently exhibited a somewhat lardaceous or steatoid structure. He also believes that there are local fatty deposits frequently met with in the placenta, the result of the degeneration of blood clots, occurring from placental congestion or hemorrhage.

Again, Simpson states that when the child dies from disease in its own body, and is retained for some time in utero, the placental structure shows the appearance of fatty degeneration.

MONTREAL, 13th March, 1874.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Case of most extensive Burn. Amputation of arm by Bloodless Method.—Death.—Autopsy.

M. M., æt 55 years, was admitted under Dr. Howard on the 3rd January last. When received he was in a condition of profound insensibility, and on examination a portion of the left arm extending from the wrist on the ulnar side, and occupying nearly that half the forearm, and as far as the upper third of the upper arm, was the seat of a burn of the 4th and 5th degree. Over the position of the left frontal eminence also, was a burn, perfectly circular in shape, and about three inches in diameter; the central portion of this was extremely hard and glued down to the skull beneath. In the arm the integument over the olecranon, and inner condyle was also hardened in the same way, and firmly adherent to the bone.

The man had been a soldier, and besides being addicted to intemperance, was an epileptic. At the time of the accident he was employed in the depot of the Grand Trunk Railroad as an ordinary laborer. It was known that he had been drinking rather freely for the few days previous to the accident, but on this particular occasion none of the other workmen noticed that he was under the influence of liquor. He was found about ten o'clock in the morning lying on the floor of one of the empty cars with his left forehead and arm pressed firmly against the red-hot stove, and being rapidly charred. He was profoundly insensible, and made no motion to protect himself.

On admission he was still insensible; pupils slightly contracted; countenance livid; pulse 140, and very weak; respirations hurried; lips and tongue dry and parched. The injuries were exactly as described above.

Towards the evening of that day he became sensible and the pulse fell rapidly to about 110; the lividity also disappeared. He now called loudly for cold water, and would drink enormous quantities if permitted. He was ordered milk, beef tea, and linseed tea *ad libitum*, and to the burns, poultices of linseed meal. He suffered little or no pain in the injured parts for many hours after admission, but complained of sleeplessness, for which chloral was given in twenty-grain doses, to be repeated after four hours if necessary.

On the fifth day the sloughs on both the head and arm began to separate. On the tenth day, while removing the poultice from the arm an immense slough came with it, and at the same time the radius and ulna shot backwards, causing a complete disorganization of the elbow joint. The muscular and ligamentous connections had evidently all given way, and dislocation, of the most unfortunate kind, produced. A slough of the size of a Mexican dollar was removed at the same time from the head, exposing the bare skull; and at the most central point was a small burnt and blackened portion of the bone of the size of a York shilling.

Nothing remained to be done for the arm but remove it. Amputation was accordingly proceeded with on the following day in the presence of the staff, Dr. Howard operating. It was decided to operate by the bloodless method, but owing to the height to which the burn extended in the upper arm, the application of the elastic band was found a matter of the greatest difficulty. The flap was taken from the inner side of the arm, and folded upwards over the sawn end of the bone, there being no outer flap. It made an odd-looking stump, and reminded one very much of the manner in which one-armed men pin the empty-sleeve over the shoulder. He stood the chloroform and ether very well, and after the operation his pulse was 96 and full. As is generally the case after the use of the elastic ligature, the oozing was considerable after its removal, and in this instance it seemed to be especially troublesome, no doubt

from the near contact of such an immense granulating surface.

The patient did well, and the stump, although suppurating rather freely, looked well, until the 13th February, or the sixth day after the amputation, when the edges of the flaps were noticed to assume a peculiar diphtheritic appearance, and the suppuration became very much less. The pulse ran up to 130, and the temperature increased. The man also complained of a shivering feeling, and the face became anxious. He was ordered two grains of quinine every four hours, and a table spoonful of brandy in water every hour. The carbolic dressings are to be applied hot to the stump.

February 14th.—Notwithstanding that he got forty grains of chloral, in two doses, during the night, at an interval of four hours, he rested very badly. His wife who was with him all night, states that he was quite delirious at times, and that she had great difficulty in restraining him in bed; pulse 140, and slightly irregular; surface of body livid; on examining the chest, which was done with difficulty, there was evidence of pneumonic consolidation of the left lower lobe. The stump remained in somewhat the same condition as was noticed yesterday, there being much less pus secreted, and the edges of the flaps continued unhealthy-looking as before. The treatment was now directed entirely towards the lung complication.

February 15th.—In spite of all efforts, and although champagne was administered *ad libitum* as a stimulant, and counter irritation applied unsparingly to the chest the man rapidly sank and died this forenoon.

Autopsy.—Brain—On removing the skull-cap the dura mater was found slightly congested, but there was no localized extravasation or other evidence of injury to that portion immediately underlying the burn. The brain throughout was perfectly healthy. The external table of the skull corresponding in size to the slough above mentioned, was found to be marked by a distinct line of demarcation, and on the inner table was a smaller portion, about the size of a ten

cent piece, marked also by a distinct line, showing undoubted destruction of the bone to that extent, so that in all probability, had the man lived exfoliation would have ensued.

The lower lobe of the left lung was consolidated. The remaining portion of that and the right lung were free from disease.

The other organs were comparatively healthy.

The stump was opened up, but nothing remarkable found.

Correspondence.

“ALLGEMEINES KRANKENHAUS.”

VIENNA, March 1st, 1874.

I have been sadly unmindful of late, of my promise of an occasional contribution to your valuable journal, and I am even now so busy that I am tempted to put off writing to a more convenient season. I left Berlin on the 29th of December, and stopped at Dresden for a few days, to see the galleries there, which pleased me very much, and then continuing my journey I arrived here on New Year's day. With the aid of a Yankee friend, I soon obtained a room in Reiter Gasse, close to the Krankenhaus. The Krankenhaus is arranged in nine courts, occupying a whole district in the city, and accommodating more than two thousand patients. We were not long in getting to work, and our daily programme is as follows :

At about half-past eight we go to Hebra, who visits his wards at this hour, and at nine, we go to his lecture-room. Undoubtedly, he is *the* lecturer of the Vienna School, and he combines the humorous and instructive in a delightful way. I generally go every other morning to Bamberger, who lectures at the same hour, on General Medicine. He is a splendid diagnostician, but is, I think, inferior to those Berlin giants, Traube and Frerichs. At ten, we have ano-

ther hour on the skin, from Neumann, who has the run of Hebra's wards, and an out-patient department of his own. He enters more particularly into individual cases than Hebra, and gives us more differential diagnosis. At eleven, we go to Wiederhoffer, the professor in the childrens' department, and have there in the first half hour a series of selected cases, and in the second a lecture. There are not many in his class, so that one has a good chance to examine the children oneself. At twelve, I attend a course on ear diseases with Polizter, not that I am going to make a specialty of them, but I thought it well worth while, when an opportunity occurred, to make their acquaintance. Polizter is good, and shows us a great many cases, and makes us pass the Eustachian Catheter daily. At one, Braun, the Professor of Obstetrics, lectures, but more of his Clinique shortly. Between two and four we dine, and take our constitutional, and at four we have a class on the Laryngoscope. This is a six week's course, and I am just beginning an other and take kindly to the Larynx. At five we have one of our very best classes viz: obstetric operations, with Bandl, Braun's first assistant, in which, after as much theory as is needful, work begins on the cadaver. They have a fresh body about every second day, and any number of babies. Each man has fifteen operations to perform, besides going through the diagnosis of the various positions. One of these courses—they last nearly eight weeks—is necessary before you are allowed to operate in the wards. The obstetric department is in three divisions, two for students of Professors Carl Braun and Spath, and the third for midwives. At Carl Braun's class, which I attend, they have an average of four thousand five hundred births in a year, *i.e.*, ten or twelve per day. Students have access to the lying-in-ward at any time, and a certain number are on duty every day, but usually nurses take charge of the ordinary cases. Every third day women come to be examined, to see whether their time is at hand. They are arranged on a series of beds, and the assistant takes a

student to each case, and examines him on it. No matter how many students are present, all can have a "finger in the pie," and one feels sorry for the poor women, but Bandl says they don't mind. Operative cases occurring in the daytime are, if possible, delayed till the lecture hour, and then brought into the theatre. I have seen three forceps cases, and one case of turning, in this way, and some half dozen in the wards. I begin next week to go on duty about every fifth or sixth day and hope to get three or four forceps cases before leaving. Altogether, midwifery and skin diseases are the specialties in Vienna, while in general medicine and pathology it is infinitely below Berlin. After having seen Virchow, it is absolutely painful to attend post mortems here, they are performed in so slovenly a manner, and so little use is made of the material. Professor Rokitansky lectures at twelve, but usually to less than a dozen men. Most of the six or eight weeks courses, for which the school is so famous, are £2, but the ordinary University ones only £1, so that it quickly mounts up, especially if one takes second courses. I do not attend any surgical classes, having as you see my hands full, but we go to Billroth occasionally, and I shall take a course of operations from his assistant before I leave.

Americans swarm here, there are fifty or sixty of them at least, and Great Britain is represented by five or six Edinburgh men and a couple of Londoners. The city itself is very beautiful, having a splendid wide street, like the Thames embankment, surrounding the inner town, and occupying the position of the old wall and moat. I expect to leave about the end of April, and shall touch at Paris on my way home, to see the city.

The 19th of last month was a red letter day in the life of Professor Carl Rokitansky. His seventieth birthday was made the occasion of another such demonstration as took place here a few years ago in honor of Prof. Skoda. The city, university and students all combined to celebrate the event in a manner worthy of themselves and of the dis-

tinguished man who has so long shed lustre on their school. Not only, however, here, but throughout the medical world of Europe, and, more especially, of Germany, great interest was shown in it, as the long string of delegates from the various universities and societies attested. Ample time was afforded to the students to complete their arrangements by the occurrence of three holidays immediately before the occasion — Ash Wednesday and two saints' days; (on saints' days we get no lectures, much to the disgust of the foreign students.) The proceedings began in the fest-salon of the Academy of Science at 11 a.m., when the deputations were received and the addresses read. By the appointed hour not an available seat was free in the spacious hall, and it was indeed a stirring sight to see such a goodly assemblage gathered together to do honor to the "pioneer of modern pathology." At the conclusion of the opening oration by the Dean of the medical faculty, a beautiful bust, hidden by curtains, was unveiled with great effect, amid the cheers of the students. Then followed a jubilee song by the members of the University Musical Society, sung in a manner worthy of professionals; after which the work of the morning began—the receiving of the deputations. These, to the number of thirty-four, coming from all quarters of Europe, presented their congratulatory addresses, and, owing to the good management, and the brevity of many, the whole proceeding only occupied two hours, but was necessarily somewhat tedious. In a speech of half an hour's duration, Professor Rokitansky returned thanks, and with another glee the proceedings terminated. Of more general interest, was the grand torch-light procession of the students, which took place in the evening. The weather had been most unpropitious, and towards evening the snow, which had been falling, changed to rain, but, nothing daunted, the procession formed and marched round the Ring—the fine wide street surrounding the inner town—to the Cour-Salon, where a University dinner was going on. About fifteen hundred students, all provided with torches, and

many wearing the fantastic uniforms of their societies, composed the procession. In spite of the weather, thousands of people turned out to see the sight, and every window of the tall houses on each side of the street possessed its occupants. Inside the City Park, in front of the Cour-Salon, they halted, and Professor Rokitansky surrounded by his family, appeared in one of the lower galleries. Here there was an address, followed by a reply, and several songs. As viewed from a little distance, through the mist and smoke, the scene was a strange one; the hundreds of moving forms, so weird and unearthly, amid the gleams of the torches, looked as if their object was anything but peaceful. Re-forming, they proceeded round the Ring to a vacant lot, where a company of the Fire Brigade relieved them of their torches, after which they adjourned to a large building where a "feed" had been provided, and the evening was spent in true German fashion.

I add a short sketch of Rokitansky's career, which may interest some of your readers. Born in 1804, at Konig-gratz, Bohemia, he entered the Vienna school in his twentieth year, and very soon turned his attention to pathological anatomy, as three years later we find him one of the assistants. Taking his degree in the following year, he still continued at his post, and on Wagner's becoming Prosector, was raised to the first assistantship. At Wagner's death, in 1832, he was elected provisional Prosector, but not till six years later definitely installed in the post. He began lecturing in 1834, and for the next six years was busily engaged in collecting material for his great work, the first part of which appeared in 1841, and raised him at once to the foremost place in the then youthful science of pathology. Sixteen years more passed in the constant investigation of disease, during which time the general part of his book appeared, as well as an enlarged revised second edition, which, from the amount of new matter in it, created even a greater sensation than on its first appearance. It is due to his efforts that the magnificent pathological institute,

the largest and most completely furnished in the world, was founded and opened in 1862. He has been called a slow worker, but, if slow, he was very sure, making few false steps in his onward progress, and is rightly regarded as the founder of modern pathology. Since 1858 honors have poured in from all sides. A member of the Upper House, one of the Court advisers, President of the Academy of Sciences, and decorated with the most coveted orders of the Empire, it may well be said that he "bears his blushing honors thick upon him," and, let us hope, the "killing frost" of Death, whose work has been his life study, may yet long spare him to his country, and to the school whose brightest ornament he is.

W. O.

Periscopic Department.

On a Case of Mitral Stenosis, with Cardiac Hypertrophy and Dilatation, manifested by a Presystolic Murmur. By ARTHUR ERNEST SANSOM, M.D., M.R.C.P., Physician to the Royal Hospital for Diseases of the Chest, and the North-Eastern Hospital for Children; Vice-President of the Medical Society of London.

James B., aged 9, was brought as an out-door patient under my care at the North Eastern Hospital for Children, on October 5, 1872. He manifested pain at the heart region, distressed breathing, and great pallor of surface. He had been suffering from rheumatic fever for a fortnight, and had had an attack ten months previously. The heart's rhythm was greatly disturbed, and a blowing murmur was heard at the apex, which was at first thought to be systolic. He was admitted as an in-patient on the 9th; then, although the rhythm was still much disturbed, it was obvious that the cardiac murmur preceded the systole, and was heard most intensely just externally to the situation of the

normal apex. The boy suffered much pain in the epigastrium and in the right shoulder. Præcordial dulness gradually extended, and on 30th October a soft to-and-fro friction-sound was heard about the apex. On November 2 distension of the pericardium attained its maximum, dulness reaching above to the upper border of the third rib, right to a line outside the right border of the sternum, left about an inch externally to the nipple. From this time absorption rapidly took place, and on November 6, dulness occurred only over the same area as on admission; the presystolic was the only murmur heard. There was no marked thrill felt over the heart region, but a "cantering" rhythm was manifest. It was noted that "the blowing bruit at the apex commences immediately after the aortic diastolic sound, and is terminated by the sharp thud of the impulse; it is lost over the right cavities and the base; here the sounds are normal." The boy improved considerably, and, after a stay in the Convalescent Hospital, returned to his home. Early in February, 1873, after a fall downstairs, he became very ill again, and was brought under my care.

On February 19 it was noted that the signs of cardiac hypertrophy had greatly increased; the thorax was bulged over the heart region, the apex-beat was below the seventh rib, and the murmur was of the same general character as before, but the second sound at the base was very markedly accentuated. He had several attacks of dyspnoea and pain accompanied with only a very slight œdema and no albuminuria. There was no cyanosis, but extreme pallor of the surface. On ophthalmoscopic examination the retinal arteries were seen to be very fine, whilst the veins were disproportionately large. He died on November 9, 1873.

The treatment adopted was generally the administration of bicarbonate of potass with quinine. Digitalis in four-minim doses of the tincture many times afforded him great relief, but the most marked benefit was obtained in the

latter stages by the application to the chest of poultices made of the steeped digitalis leaves.

Post-mortem examination showed a large congested liver, the other viscera of the abdomen being moderately congested. Lungs were fairly crepitant and healthy. The pericardium was adherent by firm bands to all the adjacent parietal structures and to the heart-muscle. The heart could only be removed from the body by cutting away lung-tissue and diaphragm. It was greatly hypertrophied, weighing twelve ounces, and occupying a bulk equivalent to thirteen fluid ounces. The whole left side was lined by a leathery, much thickened endocardium; the left auricle was of funnel shape, its capacity nearly one fluid ounce, its length from its upper part to its termination in the orifice of the mitral valve nearly $2\frac{1}{2}$ in., its width $1\frac{3}{8}$ in., the thickness of its muscular wall varying from $\frac{1}{8}$ in. to $\frac{1}{4}$ in. The curtains of the mitral valve were united to form a funnel-shaped bag, the orifice of which admitted the end of the forefinger. Diameter of the orifice $\frac{3}{4}$ in.; its border was slightly roughened. The left ventricle was large and dilated, its capacity being more than $1\frac{1}{2}$ oz., its greatest length $2\frac{7}{8}$ in., width $1\frac{3}{8}$ in.; greatest thickness of wall $\frac{7}{8}$ in., least $\frac{1}{2}$ in. The right cavities presented no morbid appearances.

This case is interesting not only as adding another to the list of recorded examples illustrating the diagnostic value of the presystolic murmur, but as showing its relation to complications—especially of extreme cardiac hypertrophy—not commonly associated with it. From the first time that facility was afforded for sufficiently careful examination, it was held as established that the murmur heard occupied the period of the auricular contraction, and that it indicated narrowing of the mitral orifice. The great hypertrophy of the muscular wall of the left auricle, as seen at the autopsy, rendered the causation of the murmur heard during life easily intelligible upon the principles laid down by Gairdner and others. The proof of the auricular origin

of the presystolic murmur appears to me to be as complete as possible—the sound is mitral by localisation ; it occupies the period of the rhythm during which it is established by physiologists that the auricle contracts ; it ceases at the time of the ventricular contraction. The unvarying testimony of post-mortem records is that there is a strong muscular auricle, with an obstruction by narrowing of the valve-orifice to an outlet into the ventricle—physical conditions which are well known to give rise to cardiac murmurs in other situations. I am not disposed to think that narrowing of the mitral outlet is always accompanied by a presystolic bruit, but I consider that the evidence is very strong to the conclusion that wherever there is a presystolic bruit there is contraction of the mitral orifice, I think its recognition is of great practical importance, for it enables us to class by themselves a series of cases differing in clinical history and prognosis from the cases which manifest mitral regurgitation.

It seems to me highly probable that examples of presystolic bruit are much more common than are supposed, and that the sound is confounded with a systolic murmur. It will be a great gain if practitioners will take increased care to localise, in point of time, the cardiac murmurs which they observe. As regards the method of doing this, I may venture to give the following hints ;—Having satisfied yourself that there is a bruit localised at the apex, observe whether the murmur is sharply terminated by the impulse or continued through it. This cannot always be determined by the ear alone ; the period of the impulse must be timed. For this purpose I quite agree with Dr. Fagge, that the simultaneous observation of the radial pulse is most fallacious. Placing the finger on the carotid pulse is much better ; but I consider that the best plan, wherever it is practicable, is to apply the tip of the finger lightly over the region of the heart-apex as nearly as the position of the stethoscope will admit. It is then easy to determine whether the bruit heard precedes the systole or is

synchronous with it—in other words, whether it is pre-systolic or systolic.

There is still some difference of opinion as to the proper nomenclature of these murmurs. Some observers even now prefer the term "diastolic," to which there appears to me the strongest possible objection. Others, with Dr. Gairdner, would apply the term "auricular systolic." The propriety of the term will, I consider, necessarily vary accordingly as it is employed for clinical demonstration or to express pathological causation. For the latter purpose, Dr. Gairdner's term, "auricular systolic," is perfectly appropriate; for clinical demonstration, however, it would be better to adopt one which should fix the period of the murmur without hypothesis. I do not think that the use of the words "systolic" and "diastolic" for the purpose of timing murmurs is without reproach; both expressions are vague. There is a valid objection to the term "presystolic," for the heart systole implies both auricular and ventricular contraction; the bruit is coincident with the auricular and presystolic only with reference to the ventricular systole. The objection to the term "diastolic" is far greater; the diastole is a gradual process marked by no sign, but custom has firmly joined it to the click of the aortic valves. If a bruit accompanying the closure of these valves be called diastolic, it would be a very grave misapplication of terms to apply it to a bruit occurring not at this period of time, but afterwards, and indicating a lesion with which it has nothing in common. While, therefore, I adopt the term "presystolic" because it now has an intelligible connotation, I cannot help thinking that it would be much better if heart-murmurs were expressed in plain English and indicated by the obvious and precise sounds of the normal heart. Thus, a systole should be expressed as a *first-sound murmur*, a diastolic as a *second-sound murmur*, a presystolic as a *before-first-sound murmur*.

Upon the question whether or no these cases of funnel-mitral are due to rheumatic endocarditis, I do not think

that this example gives a decided answer, though the probabilities are in favour of the theory of a rheumatic origin. The cases collected by Dr. Fagge tended strongly to favour the view that the narrowing of the mitral orifice is not due to rheumatism ; (a) and looking at the smooth and even disposition of the curtains of the mitral valve into the funnel-form, it seems much more easy to assume that these are cases of congenital malformation unless there is strong evidence to the contrary. The observations of Lancereaux are, however strongly in favour of the rheumatic origin of mitral stenosis. He describes rheumatic endocarditis as consisting of three stages—in the first there is multiplication of connective-tissue corpuscles, with swelling, thickening, and injection of the affected portion ; the second stage consists in fibrous transformation of the neoplasm ; the third is characterised by progressive involution of the transformed structure in a manner analogous to the formation of cicatricial tissue. Such is the pathological history of sclerous endocarditis as distinguished from the ulcerative and villous forms, and it is the sclerous form that is specially caused by rheumatism. (b) In the foregoing case, although the occurrence of a congenital defect is certainly not impossible, the probabilities, especially as there was a history of a previous attack of rheumatic fever, appear to be in favour of the whole valvular alteration having been due to rheumatism. The general thickening of the endocardium lining the left cavities, uniform as it was, was most probably due to the increased intra-cardiac tension. The fatal complication of the case was the extreme pericardial adhesion ; to this cause was no doubt due in greatest measure the remarkable hypertrophy. The valvular change was the lesser of the evils.—*Medical Times and Gazette.*

A Case of Sudden Death quickly following the Injection of Perchloride of Iron into a Nævus. By W. B. KESTEVEN, F. R. C. S.

Fatalities are often more instructive than successes in surgery. They point to sources of danger to be avoided, and compel us to cast about for conditions of safety. For these reasons I have thought that it might be advisable to add the following to the list of casualties that have been recorded in connexion with the treatment of nævi by the injection of perchloride of iron.

On April 3rd, 1873 I injected with perchloride of iron a nævus on the head of an infant aged nine months. The nævus was of a circular form, was situated on the top of the head, over the upper border and middle line of the frontal bone, and was about three-quarters of an inch in diameter. No ill effects followed, and the operation was apparently successful. In about three months afterwards, however, a reappearance of the growth began to show itself, steadily increasing in extent, so that six months after the first injection it was determined to repeat the operation. By this time the fontanelle was closed and the child in average health, save that it was excitable, and subject to child-crowding. On Oct. 4th five minims of perchloride were taken up in a graduated syringe with a screw piston, and, my son assisting me, three minims were injected; the rest escaped from the wound. The child cried a good deal during the few seconds occupied by the operation. In a short interval of time, it may have been a minute, it again began to cry, then suddenly turned pale and was slightly convulsed, at the same time that it began a series of eight or nine shrill laryngismal cries, attended with distinct struggles to recover its breath, which suddenly ceased in death. The whole time that elapsed from the first insertion of the needle to the child's death could not have exceeded five minutes.

In THE LANCET for August 17th, 1867, Mr. Thomas Smith, of St. Bartholomew's, has collected several fatal

instances following shortly upon the injection of nævi with perchloride of iron. In these cases the nævi were situated upon some part of the face, or near the veins in the neck. As the result of these fatal consequences, Mr. Smith concludes:—"Sufficient is known of the effect of the possible admixture of perchloride of iron with the general circulation, from injecting nævi on the face, to justify us in rejecting it as a remedy for nævi in these parts, unless, by pressure or by the employment of some instrument, the circulation in the growth is controlled, at least for some time."

In the above-mentioned case, the child, as already stated had been the subject of laryngismus, in a paroxysm of which, doubtless, it died. I had no opportunities of ascertaining by post-mortem examination whether coagulation of the blood in any veins had occurred, but since no accident followed the former injection, and as the nævus was far away from the veins of the face and neck, I am of opinion that death in this instance was not the result of embolism, but took place from spasm of the glottis produced by mental emotion. A fatal result would, I believe, have followed, had any other mode of operation been employed.

—*The Lancet.*

An Address on Pyæmia in Private Practice. Delivered before the Clinical Society of London. By PRESCOTT HEWETT, F.R.C.S., President of the Society; Senior Surgeon to St. George's Hospital, etc.

GENTLEMEN,—In taking the chair this evening, I cannot refrain from thanking you for the honour which you have been pleased again to confer on me. I confess that I had my misgivings as to my fitness when I took the chair last year; but, whatever may have been my shortcomings, thanks to the Council, and more especially to the unwearied zeal of our secretaries and of our treasurer, I am happy in

being able to congratulate you upon the still increasing prosperity of the Clinical Society.

With these few but heartfelt words, I pass on to the more immediate business of this evening; and in doing so, I shall follow out the course, which I ventured to enter upon last year, and again give you some gleanings from private practice, the clinical result of which may be made valuable, and all the more so when contrasted with those of Hospital practice; and the subject to which I shall direct your attention is that of pyæmia, a subject than which none is more important, and the consideration of which, in some of its bearings, has of late years been largely occupying the attention of our profession. The few observations which I have now to offer you on this subject will be confined to cases occurring in private practice.

A young lady, aged 15, stoutish, but of good general health, came under my care for a congenital cystic tumour at the root of the neck. When an infant, an attempt had been made to remove this tumour, but a bit of it was left, as it was closely adherent to the large vessels. For several years after this operation nothing was noticed in relation to this tumour, but for two or three years previous to my seeing my patient, it had, without any apparent cause, taken to growing; and when I was consulted it occupied the whole of the lower part of the left side of the neck, and projected beyond the clavicle. At a consultation with the late Mr. Keate, who had performed the operation, it was determined that single-thread setons should now be used, and two of these were introduced into the tumour. In a few days intense inflammation set in, and suppuration followed; a quantity of matter was let out, the swelling subsided, and for some days everything appeared to be going on satisfactorily; and then came rigors and sweating, but without any increase in the local trouble. After a while it became evident that the patient was suffering from pyæmia, the mischief being in the left lung, and for several days the condition was most perilous; but one afternoon, after a

violent fit of coughing, a large quantity of offensive matter was suddenly brought up, after which the more dangerous symptoms gradually subsided, and the patient ultimately, recovered, and remained perfectly well, without any further trouble as to the tumour. In this case the patient's room—large, lofty and well ventilated—was in a well-found house in one of the best streets in the town.

A hale old gentleman, close upon 80, who had long enjoyed most excellent health, had a small warty growth in the skin, just over the insertion of the tendo Achillis. This growth I removed, as it constantly became chafed, and troubled him much in walking. I made him lay up for a few days, and then as the trifling wound was almost healed, he was allowed to go about a little, but, being of active habits, he one day took a longer walk than usual. This was followed by some slight inflammation of the wound, which however soon subsided, and he was on the eve of returning to his usual avocations, when rigors and sweatings made their appearance; then came an immense deep-seated abscess in the thigh, under the constant draining of which he ultimately sank.

I was called in consultaion to a gentleman who was suffering from pyæmia, and who, a short time before, had had a small wart removed from the scrotum. He died. Details of this case are given further on, as I had had to attend this gentleman between three and four years previously, for a former attack of pyæmia.

Shortly after I begun practice, I removed a small sebaceous tumour from the scalp of a lady. Everything went on well for the first few days; then came erysipelas of the scalp, which was subsequently followed by pyæmia and death. As far as one could judge, the conditions under which this trivial operation was performed were all favorable ones. The patient, middle aged, and not stout, had some months previously, undergone, without a bad symptom, a similar operation for the removal of three other sebaceous tumours. The bed-room, in a house in one of the most open

and healthiest squares, was large and well ventilated : the weather was temperate, and the patient had remained in the house after the operation.

I operated upon a middle-aged lady, of good general health, for scirrhus of the breast, and for the first eight days everything looked promising ; then came a rigor, followed by erysipelas around the wound, which, for a few days went on slowly spreading ; subsequently pyæmia made its appearance, and under this she gradually sank. The house in which the operation was performed was in one of the best streets in Pimlico. The bedroom was of good size, and well ventilated.

About a month afterwards, I operated upon another lady for scirrhus of the breast. Middle-aged and slim, she was of a sallow complexion, but in good general health. In this case, too, everything promised well for the first few days ; then came a severe rigor and sickness ; erysipelas soon made its appearance around the wound, from whence it gradually spread. Matters went on thus for a few days, then there was pyæmia, and in a few days more the patient was dead. In this case the operation was performed a few miles out of town. The bedroom, very large and well ventilated, was in a large, well-built house with all the modern appliances, and situated on a heath, on elevated ground, overlooking a wide expanse of country. As far as one could judge, no better nor healthier situation could have been selected for an operation.

A lady, aged about 45, had a large sero-cystic tumour of the breast, some of the cysts of which occasionally suppurated, and were, under such circumstances, sometimes opened, and sometimes allowed to burst. Matters went on thus, as she would not hear of an operation, for between eight and nine years, the general health being as good as ever between the attacks. At this period a small cyst suppurated, and was allowed to burst, shortly after which erysipelas made its appearance around the edges of the little sore ; then in a few days came rigors and sweating, with

pain and great swelling of one of the knee-joints, and in a few days more this lady sank. At the time of the bursting of the cyst the patient was in her usual good health: her bedroom, fair sized and well ventilated, was in a house in a part of a town generally considered to be one of the healthiest.

A young gentleman met with an accident to his shoulder, which led to inflammation of the joint, and for this he ultimately consulted me. After awhile the inflammation subsided, leaving the joint somewhat stiff. Then persuaded by some friends, he went to a bone-setter, who pronounced that the bone was out and proceeded to put it back, as he said. The manipulations gave him great pain, and were followed by a recurrence of inflammation in the joint, for which he once more fell under my care. Suppuration of the joint ensued, and abscesses burst in various directions. Thus matters went on for a time, then came rigors, profuse sweatings, and a sodden appearance of the skin, with an anxious countenance, a running pulse, and great loss of flesh—the joint itself and the parts around it being meanwhile without any increase of mischief. Although tall and slim, this gentleman, up to the time of going to the bone-setter, had been in good health, and his family was healthy. He remained in this perilous condition for some time, looking as if secondary abscesses might occur at any moment. All this time he lived out of town, in a good country house, well cared for, and with plenty of fresh air. With the winter coming on I sent him to the South of France, where after a residence of some months the more threatening symptoms gradually subsided, and when he returned to this country there was a decided improvement in his general health; but he was still far from well, and he remained more or less ailing for between two or three years, at the end of which period he was in fair health, with a permanently stiff joint, the abscesses about the shoulder having gradually dried up.

A middle-aged lady, in fair health, was supposed to be suffering from a sharp attack of sciatica on the right side

and for this she was ultimately sent to Wiesbaden ; but after a time, finding that there was no improvement as to the pain, she returned home and for some months went on creeping about, under the supposition all the while that she was suffering from sciatica. It was at this period that I was consulted on account of a swelling which had been gradually making its appearance in the corresponding groin. The swelling proved to be an abscess which extended into the iliac fossa ; and on further investigation, the sacro-iliac joint was found to be the source of all the trouble. The abscess was allowed to burst, after which everything went on satisfactorily for some three weeks, when pyæmia made its appearance, and was followed by death in a week. This lady lived in a house on a hill, a few miles out of town. The house was in every respect well found, and her bed room was airy and well ventilated.

I was telegraphed for a few miles out of town to a gentleman about 30 years of age, who was thought to be suffering from acute inflammation of both ankle-joints, and inflammation of the left lung. The case, on closer examination, proved to be one of pyæmia, in connection with suppuration about the tonsils. In a few days the inflammation around the ankle-joints ended in the formation of matter, which was let out ; after which this patient gradually recovered, and in a few weeks was restored to his usual good health. This case has already been alluded to as that of a gentleman who died of pyæmia after a trifling operation for the removal of a small wart from the scrotum. Between the two attacks of pyæmia in this case there was an interval of between three and four years. The first attack occurred in the country, and the second in town.

Recently, too, I have seen another gentleman, who in connection with suppuration about the tonsils, had symptoms of poisoned blood—rigors, profuse sweats, sodden skin—under which he sank.

A young gentleman, aged 18, had a severe attack of typhoid fever, from which, however, he was making a good

recovery, when, about a fortnight after all symptoms had disappeared, he again became feverish, and soon afterwards without having met with any accident, he complained of pain along the shin-bone; swellings, which were very painful, formed along the surface of this bone; suppuration followed; the abscesses were opened, and went on discharging for some time, after which they gradually dried up without further mischief.

A lady's maid, aged about 30, had a severe attack of typhoid fever in the country. She recovered, and being considered convalescent, came up to town, shortly after which smart feverish symptoms made their appearance, and were soon followed by swelling, affecting principally the knee, and extending some distance down the front and inner side of the leg. For awhile the symptoms were very severe, and ended in extensive suppuration about the upper part of the tibia; the matter was let out and the patient gradually recovered: but the free use of the limb was not regained for a couple of years, and during this period several bits of bone came away.

A delicate, middle-aged lady had typhoid fever, which in due course passed away, leaving her weak and ailing, with now and then a recurrence of slight feverishness. After a time this feverishness became more marked, and then she began to complain of very severe, deep-seated pains in various parts—first, at the upper and inner side of the tibia; then, at subsequent periods, over the lower part of the shoulder-blade, along the middle part of the spine, over the ribs, as well as over the crest of the haunch-bone. The pain in each of these parts was followed by swellings, and ultimately by abscesses, some of which were very large and deep-seated. The abscesses were allowed to burst, and then, after the subsidence of the swelling, a probe was in each instance easily passed down to the periosteum, and in some parts the bone was found bare. The drain was great; hectic set in, and after intense suffering, with occasional but limited mischief about the lungs, this lady sank.

A delicate-looking girl, aged 18, ran a needle into the fleshy part of the leg, where it broke off, but could be felt projecting slightly beyond the skin. It was pulled out, and she went about her work as usual; but in a few days the tiny wound festered, and in a few days more she was admitted into St. George's Hospital with symptoms of pyæmia, rigors, profuse sweatings, and swellings in various parts. Subsequently came evident signs of mischief, about the lungs, and she sank within a month after the trifling injury. The needle, according to the patient's account, was quite clean, and she stated that she had never been laid up before, and had always had good health.

A young gentleman, aged 18, and apparently in good health, while bathing ran a small splinter of wood into the fleshy part of the great toe. The splinter was immediately plucked out, and he went about as usual for several days as if nothing had happened. Then the spot became painful, and a tiny abscess formed; it was attended to, but in a few days it was followed by urgent symptoms—severe rigors, and most profuse sweatings; abscesses formed in the leg—one, a very large one, was deep-seated and in the calf; as they appeared they were dealt with, but for weeks the sweatings were so profuse that it was necessary to change the bed-linen several times in the twenty-four hours. Ultimately, however, the patient recovered, and he left his bed a mere skeleton, between four and five months after the onset of the attack. His bedroom was fair-sized, well ventilated, with a large window looking over a wide expanse of country, the house, a recently built one, being in the outskirts of a town.

A gentleman, middle-aged, was tripped up in the street, and fell violently upon his elbow, the lower bones of which were thereby dislocated backwards and partially thrust through the skin. The dislocation was easily reduced, and for a few days everything went on satisfactorily. Then came suppuration of the joint, followed in about a fortnight by several rigors and profuse sweating, with swellings in

various parts, and he died a month after the injury. His bed-room was a fair-sized one, well ventilated, and in a house in a good street, on the north side of, and not far from, Hyde-park.

A little boy, aged 6, met with a slight accident to his foot, which was followed by acute periostitis of the bones of the tarsus; this ended in suppuration; some of the joints were destroyed; and at different periods, several abscesses formed in various parts—over the greater trochanter, over the crest of the ilium, and in the sacro-lumbar region, as well as over the bones of the skull in divers places. The suffering was intense, with low muttering delirium and rapid wasting, and to such an extent, that the child was soon reduced to a mere skeleton. Thus matters went on for some weeks, after which the abscesses dried up; ankylosis of the bones of the tarsus took place, and when last seen, about a couple of years after the attack, he was a strong, active lad. All this occurred seven miles out of town, in a good house in a healthy part of the country.

I was summoned a long way into the country to a young lady laboring under symptoms of a typhoid character, the origin of which was obscure. It appeared, however, that she had recently had measles, which had been followed by a slight discharge from the left ear. The recovery from the measles had been good, and she was going about, when rigors and sweating occurred, and were followed by a fever, a dry, brown tongue, and great prostration; and such were the more obvious symptoms when I first saw this young lady. On further inquiry, it was now found, that the discharge from the ear had stopped; the intellect was quite clear; there was no pain in the head, no swelling in the neighborhood of the ear, but there was pain upon pressure immediately below the mastoid process, and this tenderness existed also some way down the side of the neck, in the course of the internal jugular vein. From this it was inferred that inflammation had spread from the ear to the lateral sinus and internal jugular vein, and that, in all

probability, secondary abscesses would follow. In a few days a large abscess showed itself in the left sterno-clavicular articulation ; then came pain and swelling, about the left knee and ankle, and inflammation at the back and lower part of the left lung ; and ultimately there was a large deep-seated abscess at the back of the left hip. The abscesses were opened in due course, but the mischief about the knee and ankle-joints and in the lung subsided ; the patient gradually recovered, and in a few months was quite well again. The conditions under which this lady was placed was unexceptionable—a large, airy, well-ventilated room looking on to an open country.

A young lady had, after her confinement, severe symptoms of low peritonitis, and was in great peril for some days : she recovered, however, and appeared to be going on well for a time, when the left shoulder became very painful, and for this I was asked to see her. Examination proved that the joint itself was not affected, but the parts around were much swollen and very painful, and especially so in front of the joint. Ultimately, a large abscess formed in this situation ; it was opened and the patient got well and went into the country, where some weeks afterwards, deep-seated matter formed in the pelvic region ; this burst into the vagina, and after a time she recovered completely, and has remained in good health ever since.

An officer in one of our light cavalry regiments, aged 18, came under my care for gonorrhœa. The symptoms were severe, and so he kept at home, and was treated with opiates and demulcents. About a fortnight after he had been under treatment, symptoms of what appeared to be gonorrhœal rheumatism made their appearance. First, the left shoulder-joint was affected, but after a while the symptoms subsided ; then, without any apparent cause, came rigors, profuse sweatings, and a dusky appearance of the skin, with great disturbance of the general health. These symptoms were soon followed by intense pain in the left sterno-clavicular articulation, which became much swollen.

and in a few days presented evident signs of fluctuation. A large quantity of matter was let out. Inflammation and suppuration in and about the right hip-joint, accompanied by the most intense pain, followed. In due course the matter was let out; and subsequently numerous small abscesses formed in the skin over various parts of the body. The patient was reduced to a mere skeleton, and, notwithstanding the greatest possible care, the whole sacrum became exposed. The more intense symptoms about the hip having subsided, the patient was now turned over to his left side; but in a few days the skin over the great trochanter gave way, and the bone became exposed. He was then propped up so as to rest mainly on the ischiatic tuberosities; and, as the skin here after a while gave way he was once more turned on to his back, the sacrum being by this time for the greater part covered over by healthy granulations: and whilst in this position the skin over the various spinous processes of the vertebræ which happened to touch the bed, gave way. What with one thing and another, I never saw a patient suffer more intense agony, which was such, indeed, as to necessitate the full administration of chloroform fifty-five times consecutively for the dressing of the various sores; but, notwithstanding all this, he ultimately recovered with an anchylosed hip. The onset in this case was in the early part of the year; and the patient's room, large, lofty, and well ventilated, was in a house in one of our great squares. When this gentleman first came under my care, he was one of the healthiest looking young men I ever saw, strongly built and most active; and he subsequently was one of the most dashing light cavalry officers in our central Indian campaign.

(To be continued in May Number.)

CANADA

Medical and Surgical Journal.

MONTREAL, APRIL 1874.

SANITARY REFORM.

Two years ago we published a series of papers in this journal with the above heading. Some of these articles received the attention of the local press and were copied *in extenso*. The object we had in preparing those articles was to point out the grievous wrong done to this country by the neglect of some definite system of legislation on sanitary matters. It is difficult, nay, impossible, in the present crude state of things, to carry out any sanitary regulation by health boards. In our cities individuals may be forced to cleanse their premises, remove offal, &c., and perform other minor offices conducive to the general good, but they cannot be forced to submit to vaccination, nor to separate those suffering from contagious diseases from those unaffected. In case of sickness they cannot be forced to seek medical aid, and in case of death to give a certificate as to cause, either from a physician or a coroner. The register of births, marriages and deaths is a mere matter of custom with the people. There is no definite law on the subject, nor are they liable to fine or any other penalty by neglect of such a duty. Individuals cannot be forced to relinquish the occupation of premises which do not afford a sufficient breathing area for the preservation of their health. Builders cannot be forced to preserve a certain reasonable distance between tenements for the poorer classes. Land is becoming so valuable in and about our large cities that those engaged in the business of providing tenements for the working class cover every available space of ground with inferior buildings, so that after the lapse of a few months, such residences become so saturated with human

emanations of all kinds, as to be highly detrimental to health. In fact, they are so many fever beds, and have been aptly so called. Corporations of cities cannot be forced to adopt common sense sanitary measures. The people are obliged to pay taxes ; in many instances these taxes are injuriously high and oppressive. These the people would cheerfully submit to, if they received anything in return, such as clean streets, wholesome drinking water, trapped sewers, proper sewer ventilation, so as to avoid the chance of having the deadly emanations of typhoid fever and other contagious diseases served up to them with every meal. And again, in the case of the occurrence of epidemic disease, there is no existing authority or law whereby certain sanitary regulations can be enforced which are known to be indispensable in arresting the spread of contagion. These are a few of the sanitary wants which we would urge on our Parliament. We observe that a few gentlemen in our city have formed themselves into what they style the "Sanitary Association." They have taken up no less a subject than syphilis, and the means for its prevention and removal. The country at large would be greatly obliged to them if they would devise a plan for carrying out their idea with efficiency—an idea, by the way, which has baffled all who have indulged the hope of success in this matter. Far be it from us to wish to discourage these ardent movements, or to ridicule these efforts. But we may observe they will bear no fruit, and we would simply advise these gentlemen to pass over in silence the consideration of this filthy subject, which is not a greater evil in Montreal than elsewhere. We might further remark that the Association in its published report indulges in much that is sensational, but which is not consistent with facts as recorded by other observers. Why will not the Association devote their time and energy in forcing on the city the urgent need of at once establishing a small pox hospital. Prostitution, however it may be condemned and abhorred for its moral debasement and disgusting consequences, is a kind of neces-

sary evil, and will continue to exist until the commencement of that utilitarian age when a certain few males will be set aside for pro-creative purposes and all others emasculated. This would be an uncommonly good and very interesting subject for discussion, and we trust our sanitarians will take it up with due gravity.

But to return to the requirements of the country in sanitary legislation. It is well known that the greater number of diseases are preventible; that disease when it does occur proceeds from our own neglect of some common sense rule of every-day life. Man is so obstinately brutish that he cannot be advised. No amount of advice will induce him to depart from his own preconceived opinions. He sets aside the opinion of experience; he gives no credence to the sanitary ordinances of Holy Writ; nor will he, unless obliged by law, under the fear of penalty, carry out any measure which is for the general good, if it in any way clashes with his own inclination or his pecuniary interest. It becomes, therefore, a necessity that sanitary regulations should be introduced and enforced by law. In the absence therefore, of any sanitary regulation, it is not too much to demand of our Legislature a stringent Public Health Act. We may observe that it is of greater moment to this country than even a Pacific Railway. The present administration have obtained power by a cry of neglect, jobbery and corruption. We trust they will enter on the task of guiding the ship of state with clean hands, and that all attempts at corruption, however trivial, will be put down. The greatest amount of corruption exists in the neglect of the general sanitary weal of the people of this Dominion, for it leads to corruption, not only of our morals, but of our very flesh, as its course and end is death.

CITY HOSPITAL, ST. JOHN, N. B.

We observe and record with pleasure the announcement that recently the City Hospital at St. John, New Bruns-

wick, received a donation of \$40,000, being the amount of unclaimed deposits in the Savings Bank of that city. Our informant adds that the interest on this amount, together with the assessment for hospital purposes, keeps the institution in good working order.

ANNUAL CONVOCATION OF MCGILL UNIVERSITY.

The annual convocation of McGill University for the conferring of degrees in the Faculty of Medicine and Law, was held in the "William Molson Hall" of the University on Monday afternoon, the 30th March, 1874. The Students, Graduates, and many friends of the University began to arrive long before the commencement of the ceremonies. The Hall being well filled with ladies, many of whom were relatives of those who were about to graduate in Law and Medicine. About three o'clock the members of convocation, who had assembled in the Library, marched in order of precedence to the Convocation Hall.

The opening prayer was read by the Rev. Dr. CORNISH. The minutes of the last meeting in convocation were read by the Secretary and duly confirmed. The Dean of the Medical Faculty, George W. Campbell, A.M., M.D., submitted the following report of the Medical Faculty for the session just closed.

The total number of students attending the Lectures of this Faculty during the past session was 130, of whom there were from :

Ontario, 71,	United States, 2,
Quebec, 50,	New Foundland, 1,
Nova Scotia, 3,	West Indies, 1,
	New Brunswick, 2.

The following gentlemen, 33 in number, have passed their primary examinations on the following subjects : Anatomy and Physiology, Chemistry, Materia Medica and Pharmacy,

Institutes of Medicine, and Botany and Zoology, their names are as follows :

NAMES.	RESIDENCE.	NAME	RESIDENCE.
Bain Hugh U., B.A.,	Perth, Ont.	Graham Kenneth D.,	Ottawa, Ont.
Benson Joseph B.,	Chatham, N.B.	Hanington Erst. B.C.,	Shediac, N.B.
Bomberry Geo. Ed.,	Brantford, Ont.	Hanover William,	Pakenham, Ont.
Brossard Jean-Bpte.,	Laprairie, Q.	Jamieson Thos. A.,	Lancaster, O.
Burland Wm. Henry,	Montreal, Q.	Kearney Wm. Jos.,	Montreal, Q.
Christie Jno. H., B.A.,	Lachute, Q.	Langlois Onesime X.,	Windsor, O.
Clarke Fincastle, G.B.,	Collingwood, O.	MacDonald Alex. R.,	Texas, U.S.A.
Coyle Henry W.,	Berthier, Q.	McArthur John A.,	Locho, O.
Craig Thornton,	Glengarry, O.	McDermid William,	Martintown, O.
Dickinson Salter M.,	Cornwall, O.	Mattice Ira Richard,	Moulinette, O.
Dorland James,	Adolphustown, "	Meek James A.,	Canning, N.S.
Dowling John F.,	Appleton, O.	Nelles James M.,	Brantford, O.
Duncan George C.,	Port Dover, O.	Scott William F.,	Hull, Q.
Falls Samuel K.,	Carp, O.	Tunstall S. J., B.A.,	Montreal, Q.
Farley James T.,	St. Thomas, O.	Ward Michael O'B.,	Montreal, Q.
Gilbert Henry L.,	Sherbrooke, Q.	Woods Edmund J.J.,	Aylmer, Q.
Goodhue Perkins J.,	Danville Q.		

The following gentlemen, 31 in number have passed their Final Examination on the following subjects: Theory and Practice of Surgery; Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children; Medical Jurisprudence and Hygiene, and also clinical examinations in Surgery and Medicine conducted at the bed-side in the Hospital. These exercises entitle the successful candidate to the degree of M.D., C.M.

The names of the Candidates, their residences and the subject of their Thesis are as follows :

NAME,	RESIDENCE,	THESIS
Cameron James C.....	Montreal, Que.....	Clinical Reports
Cline John D., B.A.....	Cornwall, Ont.....	Treatment of Aneurism.
Harvey William A.....	Newbridge, ".....	Intermittent Fever.
Henderson Edward G.....	Belleville, O.....	Acute Rheumatism.
Hickey Samuel A., B.A.....	Aultsville, ".....	Acute Bronchitis.
Hockridge Thos. G.....	Bradford, ".....	Tetanus.
Jones Charles R.....	Hastings, ".....	Spina Bifida.
Jones George Nelson.....	St. Andrews, Q.....	{ Surgical treatment of Hemorrhage.
Macdonald Roderick A.....	Cornwall, Q.....	Puerperal Fever.
McBain John.....	Williamstown, O.....	Enteric Fever.
McCormick Andrew G.....	Durham, Q.....	Anaemia.
McDonell Alex. R.....	Loch Garry, O.....	Acute Pneumonia.
McMillan Ceneas J.....	Edwardsburgh, O.....	Hospital Reports.
McQuillan James.....	Marquette, Mich. U.S.....	Diphtheria.
Mines William W.....	Montreal, Q.....	Gangrene.
Molson William A.....	Montreal, Q.....	Clinical Reports.
Moore Charles S.....	London, O.....	Puncture of Bladder.
Moore Jehiel T.....	Holbroke, O.....	Clinical Reports.

NAME.	RESIDENCE.	THESIS.
Norton Thomas.....	Montreal, Q.....	Typhoid Fever.
Pattee Richard P.....	Hawkesbury, O.....	} Concussion and Com- pression of the Brain.
Phelan James.....	Stratford, O.....	
Prosser William O.....	Lunenburg, O.....	Spermatorrhæa.
Rattray James C.....	Portage du Fort, Q.....	Bronchitis.
Reddick Robert.....	Prescott, O.....	Pleurisy.
Ritchie John L.....	Halifax, N.S.....	} Uterine Hæmorrhage. Immovable Apparatus in Fractures.
Rogers Amos.....	Bradford, O.....	
Sinclair Coll.	St. Thomas, O.....	Hosp. Reports, Dis. Chest.
Speer Andrew M.....	Richmond, Q.....	Acute Bronchitis.
Sutherland Walter.....	Helena, Q.....	Puerperal Fever.
Wales Benjamin N.....	St. Andrews, Q.....	Morbili.
Wallace Isaac W.....	Milton, Q.....	} Cerebro-Spinal Men'gitis. Chemistry as allied to Medicine.

One of the above-named Gentlemen, Mr. E. G. HENDERSON, has not yet completed his twenty-first year, and, on that account, cannot graduate at this convocation. He has, however, passed all the examinations, and fulfilled all the requirements, and only awaits his majority to receive his Diploma.

EXAMINATIONS IN BOTANY AND ZOOLOGY.

CLASS I.	CLASS II.	CLASS III.
Washburn (Prize)	Bell.....	Hervey.
Cotton, (2nd Prize)....	Eberlé.....	Cannon.
Campbell.....	Fraser.....	Munro.
Fortin.....	Hickey.....	Park.
Cream.....	Cameron.....	Storrs.
Stevenson.....	Brodie.....	Prevost.
.....	Miner.....	Baker.
.....	Johnson.....	Elliott.
.....	Grier.....	Meek...
.....	Dettmers.....	Quigley.
.....	Mulloy.

ZOOLOGY.—Johnson.

PRIZES.

The Medical Faculty Prizes are three in number :

1st.—The Holmes Gold Medal, (founded by the Faculty in memory of their late Dean) awarded to the graduate who receives the highest aggregate number of marks for both Primary and Final Examinations, as also for an inaugural Thesis.

2nd.—A prize in books awarded for the best examination—written and oral—in the Final branches. The gold medalist is not permitted to compete for this prize.

3rd.—A Prize in Books awarded for the best examination—written and oral—in the Primary branches.

The Holmes Medal was awarded to JOHN D. CLINE, B.A., Cornwall, Ont.

The Prize for the Final examination was awarded to **JAMES C. CAMERON**, Montreal, Queb.

The prize for the Primary Examination was awarded to **SIMON J. TUNSTALL**, B.A., Montreal, Queb.

The following gentlemen, arranged in the order of merit deserve honourable mention :

In the Final Examination Messrs. **SINCLAIR, MOLSON, MINES, RITCHIE, SUTHERLAND.**

In the Primary Examination, Messrs. **BENSON, HANINGTON, BURLAND, BAIN, SCOTT, BROSSARD and LANGLOIS.**

PROFESSOR'S PRIZES.

BOTANY.

First Prize.....W. Washburn | Second Prize....C. L. Cotton.
Prize for collection of Plants.....C. McL, Lang.

PRACTICAL CHEMISTRY.

Prize..... C. S. Sinclair.

PRACTICAL ANATOMY.

Senior Prize.....	Junior Prize.....
Smith.....	Campbell.....
	Murray.....

The Graduates in Medicine were then brought forward, and the "Sponsio Academica" having been administered by the Registrar, Professor Craik, M.D., the ceremony of capping was performed by Principal Dawson.

The Valedictory address, on the part of Graduates, was then delivered by Dr. Mines, after which Professor Ross, A.M., M.D., addressed the Graduates on behalf of the Medical Faculty—(This address will be found in our original department).

After the proceedings of the Law Faculty, and an address from the Principal the benediction was pronounced and the convocation adjourned.

NOTICE TO SUBSCRIBERS.

Mr. Humphreys of the *Montreal Gazette* will call on the subscribers in Ontario in the course of the month of April, and we trust those of our friends wishing the prosperity of this Journal will make a prompt settlement of their indebtedness to us.

Montreal, 30th March, 1874.