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THE
CANADA LANCET,
A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. IV.

OCTOBER, 1871.

No. 2.

Original Communications.

ON THE HÆMOSTATIC PROPERTIES OF ALNUS
INCANA.

BY THOS. R. DUPUIS, M.D., F.R.C.P.S., KN., PROFESSOR OF BOTANY IN
THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.

Alnus Incana.—*Speckled, Spotted, or Hoary Alder, (Tag alder,)*
—is a monoecious shrub from eight to twenty feet in height, with
both kinds of flowers in scaly catkins.

The sterile catkins are elongated and drooping, with fine bract-
lets, and from one to three flowers under each scale, each flower
usually having a four-parted calyx, four stamens with very short
filaments and two-celled anthers. The fertile catkins are oval,
the scales fleshy, and each two-flowered, with a calyx of four
little scales adherent to the scales of the catkin, all consolidated
below, and, becoming thick and woody, they form an orbicular
fruit. Leaf-buds petioled, leaves broadly oval or ovate, rounded
at the base, sharply serrate, and more or less cut into coarser
teeth, dark green above, and whitish and somewhat downy be-
neath. The stipules are oblong lanceolate,

The bark is of a deep grayish or greenish color, shaded to almost black on portions of the stem, and marked with whitish spots that are transversely oblong, and which appear to be glands. The catkins are formed in the latter part of summer, and continue through the winter ready to expand in early spring; and their peculiar tasselled appearance amongst the leafless branches has given the plant its popular name in this country.

It is common throughout Canada, forming thickets along streams and in marshy grounds.

The taste of the bark is sweetish inclining to bitter, has a rough feeling in the mouth when chewed, possesses some astringency, and affects the fauces with a slightly acrid sensation. It imparts a reddish color to the saliva, and both the recent bark and the stick from which it has been peeled very soon acquire a red color by exposure to the air.

I am not aware that any thorough chemical examination of the constituents of this bark has been made. It contains both tannic and gallic acids, the latter probably in greater abundance, besides volatile oil, fixed oil, resin, coloring matter, and other constituents peculiar to the plant. The precipitates thrown down by the ferric salts from the infusion, decoction, alcoholic and ethereal tinctures, have a *greenish* black color similar to those from tea, sumach, catechu, and some other vegetables.

Very little seems to be known of its medical properties. It is not mentioned either in Bigelow's or Griffith's Medical Botany. Wood and Duglison both give a short description of a European species, (*a. glutinosa*) which is astringent and slightly tonic, and presume that this species possesses analogous properties. In Beach's American Practice, (Eclectic) it is said to be alterative, and a tea of it directed to be drunk freely, to purify the blood. Mr. Saunders of London, Ont., prepares an extract of the bark, (*Extractum alni fluidum*) which is prescribed in doses of from twenty to sixty drops, as an alterative and astringent.

Beyond the foregoing I cannot obtain any reliable information respecting its peculiar qualities, as observed by others. It is, doubtless, astringent, somewhat stimulating to the stomach, and perhaps tonic; but its *hemostatic* property is to me its most characteristic one, and that with which I am best acquainted. I have prescribed the bark both externally and internally, and have never observed any ill effects follow its use, except occasionally nausea, and vomiting when drunk too freely.

My attention was first called to the *hemostatic* properties of this substance when I was a lad, by seeing it used in this way among horse-farriers and in domestic practice. The following cases, in which it appears to have been used with advantage, I have noted from among several others which have occurred during a practice of twelve years. I have also prescribed it in hæmoptysis and in menorrhagia with benefit; and I consider it well adapted to any internal or external passive hemorrhages in which astringents are generally esteemed beneficial; for beyond its merely astringent action, I conceive that it has a power over bleeding vessels; possessed by few other substances either vegetable or mineral. And, though its action on the various organs differs from such medicines as matico, gallic acid, oak bark, uva ursi, &c., it may without doubt, be prescribed with equal or greater advantage in many cases where these are used.

The following will briefly illustrate its uses:

CASE I. This occurred before I began to study medicine. A young man received a severe cut from a scythe, just external to the patella, by which some branches of the external articular arteries were severed. Bleeding was profuse and persistent; all domestic remedies were exhausted in vain, when, on the advice of an old man, who was something of a horse-farrier, cloths soaked in a decoction of alder bark were bound upon the cut, and kept constantly wet with the liquid. In a short time the wound was filled with a very firm clot, and the bleeding permanently restrained.

CASE II. A case of epistaxis in a boy thirteen years of age. He began to bleed on Friday at noon, and I first saw the case on Saturday night. An old physician, the regular attendant of the family, had labored faithfully with various means—plugging the anterior nares, &c.—for six or eight hours without avail, when I took the case in hand. He was then so much exhausted as to be in a state of almost constant syncope, and was considered hopeless. I wanted to try the alder bark before attempting to plug the posterior nares, so I immediately prepared a decoction, and soaking pledgets of cotton wool in it, pushed them as far back into the nostrils as possible, and then kept them wet with it by tilting back the head and pouring the liquid into his nostrils with a teaspoon from time to time. In a surprisingly short time, hemorrhage ceased, there were no symptoms of a return,

and the patient began to rally forthwith, although it was several days before he recovered from the extreme exhaustion which he had suffered.

CASE III. A middle-aged farmer had his face severely injured by the up-stotting of his sleigh upon him. The nose was crushed flat, the right superior maxilla broken, and so far dislocated that the teeth occupied the mesial line, and the soft parts extensively bruised and lacerated. There was no distinct arterial bleeding, but so copious and persistent an oozing from all the injuries, that I feared ligation of the right carotid artery would be demanded for its arrest. After the parts were adjusted, however, the face, mouth and nostrils were continuously bathed with an ice-cold decoction of alder bark; (to which in this case alum had been added;) very soon the hemorrhage began to diminish, and at the end of six or seven hours it had entirely ceased.

CASE IV. A strong laborer received a severe cut with an axe, in his leg, just exterior to the middle third of the tibia. Bleeding was so uncontrollable that his friends feared for his life. I was called, but could not go, and so ordered that a strong decoction of this bark be made, and cloths wetted in it constantly applied to the wound. This had the desired effect, and early next morning I was informed that there had been no more trouble with bleeding after they began the use of the alder bark.

In case first, second and fourth, there is not a shadow of doubt in my mind that the bark of the alder was the real agent in the *hamostasis*. In case third, although I am satisfied that it was a powerful adjunct to the natural *hamostatics*, and perhaps that without which they would have failed, its action was not so prominently brought out, owing to the addition of alum, the coldness of the application, and the tendency of bruised or torn vessels to restrain hemorrhage.

In all cases, however, where I have prescribed it, I have been satisfied of its usefulness; and should experience prove it to be as useful in the hands of others as it seems to have been in mine, it will certainly become a great boon to the Canadian practitioner, on account of its abundance, and the facility with which it may be obtained.

I cannot close this article without soliciting for the bark of *Taxus* *Alder*, a trial from all those who may be interested in the development of the *medical materials* of our own country.

Odessa, September 2th, 1871.

DRAFT OF BILL TO AMEND THE PRESENT MEDICAL ACT.

BY DR. H. H. STRANGE, REGISTRAR, HAMILTON.

Whereas it is expedient to amend the Ontario Medical Act, so as to enable the Council to avoid the expense incurred under the present system of election, and for the purpose of making the Penal Clauses more efficient than they are at present, be it therefore enacted as follows:

I. Sections forty, forty-one, forty-two and forty-three are hereby repealed, and the following sections and sub-sections are substituted in lieu thereof:—

II. Any person who shall wilfully procure, or attempt to procure, him-self to be registered under the said Act, by making or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing, shall, on conviction thereof before any justice of the peace, incur a penalty not exceeding one hundred dollars, and every person knowingly aiding or assisting him therein, shall, on conviction thereof, incur a penalty of not less than twenty, nor more than fifty dollars.

2. If any person shall procure, or cause to be procured, his registration under the said Act by means of any false or fraudulent representation or declaration, either verbally or in writing, it shall be lawful for the Registrar, upon the receipt of evidence which shall be satisfactory to him of the falsity or fraudulent character of said representation or declaration, to erase the name of the said person from the register, and to make known the fact and cause of such erasure by notice to be published once in the *Ontario Gazette*, and after such notice has appeared, the person whose name has been so erased as afore-said shall cease to be a member of the said College of Physicians and Surgeons of Ontario, and shall cease to enjoy any of the privileges of registration under the said Act, and shall be disqualified from registering under the said Act at any future time without the express sanction of the Council.

III It shall not be lawful for any person not registered under the said Act to practise Physic, Surgery or Midwifery in Ontario for hire, gain or hope of reward.

2. If any person not registered under the said Act,

practise Physic, Surgery or Midwifery for hire, gain or hope of reward, he shall upon a summary conviction before any Justice of the Peace for any such offence, pay a penalty not exceeding one hundred dollars nor less than twenty dollars.

3. Upon the trial of any person charged under the next preceding subsection, the burden of proof as to the registration of the person charged shall be upon the person so charged.

4. Any person who shall wilfully and falsely pretend to be a Physician, Doctor of Medicine, Licentiate in Medicine, Surgery or Midwifery, Master of Surgery, Bachelor of Medicine, Surgeon or General Practitioner, or shall assume any title, addition or description other than he actually possesses and is legally entitled to, shall be liable on conviction before a Justice of the Peace, to a penalty not exceeding fifty dollars.

5. Any person not registered under the said Act, who shall take or use any name, title, addition or description implying or calculated to lead people to infer that he is registered under the said Act, or that he is recognized by law as a Physician, Surgeon, Accoucheur, or a Licentiate in Medicine, Surgery or Midwifery, shall, upon a summary conviction before any Justice of the Peace, pay a penalty not exceeding one hundred dollars, nor less than twenty-five dollars.

6. In any trial under the said Act as hereby amended, the burden of proof as to registration shall lie upon the person charged, provided always that the register in force for the time being, shall be *prima facie* evidence that the persons named therein are legally entitled to the diplomas mentioned opposite their respective names.

IV. All prosecutions under this Act, or the Act amended by it, may be brought and heard before and by any one or more of Her Majesty's Justices of the Peace having jurisdiction in the locality where any such offence has been committed, and such Justice shall have power to award the payment of costs in addition to the penalty, and in case the penalty and costs awarded by him be not paid forthwith upon conviction, to commit the offender to the common gaol, there to be imprisoned for any term not exceeding three months, unless such penalty and costs be sooner paid.

2. All penalties recoverable under this Act, or under the Act hereby amended, shall be paid to the convicting

Justice, and be by him paid to the Treasurer of the Council, and all penalties so recovered shall form a part of the general fund of the Council.

3. Any person convicted under this Act, or under the Act hereby amended, who shall give notice of appeal against the decision of the convicting Justice, shall be required, before being released from custody, to give to said Justice satisfactory security for the amount of the penalty and costs of conviction and appeal.

4. Any person may be prosecutor or complainant under this Act, or under the Act hereby amended.

V. That all the words in clause 1 of section 12 after the words *Ontario Gazette* be struck out.

VI. That, in sub-section 2 of section 12, instead of the words "published in the *Ontario Gazette* for at least one month," be struck out and the following substituted, "published *once* in the *Ontario Gazette*."

VII. This Act shall be read as part of the Act hereby amended.

RETROVERSION OF THE IMPREGNATED UTERUS.

BY D. LESLIE PHILIP, M. D., BRANTFORD, ONT.

In October three years ago, whilst practicing in Plattsville, I was requested to visit Mrs. W., by her husband, who informed me that within the last few days she had become dropsical, that she was suffering great pain, and if not soon relieved he believed she would die. On visiting the patient, who lived about five miles distant, I obtained the following history:—

She was about four months advanced in pregnancy, and had enjoyed excellent health up to within four days, when, on going about her ordinary household duties, "she felt something give way." She felt no great pain at the time, but on attempting to void her urine, she was unable. She strained violently, applied hot fomentations, and used some domestic remedies for the water, but without any effect. She stated that a little urine came away from her (*stillicidium urinae*) in drippings. Her bowels had been constipated, but she passed some slight watery stools and flatus.

Her sufferings during the past twelve hours were distressing, she felt as if her abdomen would burst, and earnestly entreated to be relieved. Her pulse was quick, with high fever, flushed countenance and hurried respiration. On examining the abdomen there was a large tumor extending to the umbilicus, and reaching almost from one ilium to the other, very painful on the slightest pressure. Suspecting the nature of the case, I requested to make a vaginal examination, and on introducing my finger, I found a tumor occupying the cavity of the pelvis. I could not reach the mouth of the uterus, and the fundus of this organ was firmly wedged low down in the cavity of the Sacrum. Not having a gum elastic catheter with me, I tried the ordinary female silver one, but the canal of the urethra was so elongated by being carried upwards behind the Symphysis Pubis, that it would not, as I almost anticipated, reach the bladder. I therefore sent for an elastic one, which necessitated some further delay, and having obtained it, I introduced it with some difficulty, and drew off (by measurement) eight pints of fetid ammoniacal urine. Having accomplished this, and after giving a stimulating clyster, which brought away a considerable quantity of feculent matter, I determined, if possible, on immediately reducing the retroverted womb. Placing her in the usual obstetric posture, I passed the fingers of my right hand into the vagina, against the body and fundus of the womb, and with my thumb inserted into the rectum which placed the retroverted organ favorable for reduction, I made an increasing amount of pressure for about fifteen minutes, but failed to remove it in the slightest degree, so tightly was it impacted. The patient being somewhat discouraged at the attempt to dislodge it being unsuccessful, I allowed her an interval of rest, as she was very much exhausted, and gave her some stimulant. I resolved, if possible, to reduce it, believing that delay would only increase the difficulty, and that there was no likelihood that the womb would right itself by drawing off the water regularly as recommended by Denman, Hunter, and others. In my second attempt, therefore, I determined to use as much force as was compatible with safety. Placing her upon her knees and elbows, with the Pelvis higher than the abdomen, in order to remove the pressure of the viscera, and having oiled my right hand, I now passed it, with as little severe pressure as possible, entirely into the rectum, which was gradually accomplished, and with

much less suffering to the patient, and difficulty to myself, than I could have imagined. I now got a bearing on the fundus, and after using continued and strong pressure for about twenty minutes, I moved it somewhat. I was then enabled, with a finger of my left hand, to grasp the cervix and draw the os downwards, whilst at the same time I pushed the funis upwards, which was managed with difficulty. Some delay was experienced in getting it over the promontory of the sacrum, but in about half an hour from the time I commenced, it passed out of its tightly impacted position in the hollow of that bone. She was ordered to keep her bed for a fortnight, and recovered without a bad symptom.

I attended her in her subsequent confinement, when she was safely delivered of a healthy child.

Brantford, September, 1871.

MEDICAL EDUCATION IN THE UNITED STATES.

J. MUIR, M.D., ANTWERP.

The *Baltimore Medical Journal and Bulletin* (page 767), one of the ablest periodicals in the country, lately published some strictures, intended to apply generally to medical students throughout the States. The concluding words of the article are these:—

“ We make the broad general statement, that medical students as a rule have been, and are, totally disqualified for the vocation they have chosen. Without scientific training of any kind, they are as a body incapable of scientific pursuits, and herein do we find one great reason why medical science is ranked among the inexact sciences, so few of its votaries comprehend the first principles of scientific enquiry, and only vitiate by inaccurate observations and illogical deductions, the conclusions of their more skilled and capable brethren. We say send three-fourths of them back to their homes—they are but dead-weights upon the car of medical progress.”

At the recent meeting too, of the American Medical Association, held at San Francisco, we find the proceedings reported in the same journal (page 279), and the following language, attributed to Dr. Stille, the President of the Association.—

"Among the instruments devised for hastening the progress of popular and professional enlightenment, is this Association. It was founded by physicians who were painfully alive to the deficiencies of the schools, especially in comparison with those of Europe. Some who were most ardent in labor for establishing a higher grade of medical education, had resided abroad, and had felt humiliated in comparing their own attainments with those of their foreign contemporaries. Others who had not been subjected to this painful experience, were nevertheless acquainted with our shortcomings, and were equally in earnest in arousing the medical profession and inducing the medical colleges to enlarge their curriculum, prolong their terms of study, and exact from candidates for the medical degree a larger amount of professional knowledge. There was no doubt of the need of improvement, nor any of the sincerity of those who advocated it."

Now, both of these statements are intelligible enough, and would be highly satisfactory, were it not for the glaring inconsistency of what follows. The editor of the *Journal and Bulletin*, near the close of his report of Dr. Stille's address, says.— (page 279 and 315) He then drew a contrast between the education in Europe and this country, and expressed the opinion that the long terms and more extended curriculum of the schools of the old country are not to be desired, and that our system of education is better suited to our national characteristics. He contends that we are going through a state of transition, and that we have not yet arrived at the point at which the highest form of education is necessary. In this connection he quoted some views from Herbert Spencer, in regard to the nature of healthy mental progress."

And their special California correspondent, writing from San Francisco under date of May 6, 1871, speaks of the address in approving terms as "a long and cautiously prepared paper. The diction was polished, the sentences constructed carefully, and the paper perhaps, will prove, as a literary effort, the best ever read before the Association."

The effort, certainly, in the estimation of the correspondence quoted, and the many other admirers of the eminent Professor of Theory and Practice of Medicine in the University of Pennsylvania, may present all the excellent features claimed, but its apparent contradictions, and their acceptance and approval by the

Journal and Bulletin, leave us in a very cloudy condition indeed, as to the precise position of Dr. Stille and the Baltimore editors in reference to higher medical education

TUMORS OF THE UMBILICUS REMOVED BY LIGATURE.

BY CHARLES DAVID DOIG, M.D., L.R.C.S., EDIN., ABINGER,
ONTARIO.

Morbid growths form a subject of interest to the medical observer, whether they are considered in reference to their varied organization, their mode of production, the textures, organs or localities in which they occur; or the difficulties, dangers, and results attending their diagnosis and treatment.

In many instances the nature of a tumor is readily made out, in other instances in the early condition, even the experienced and skilful physician might overlook the true nature of the malady. Thus cancer of the groin, especially where the constitutional accompaniments are not developed, might only be considered an enlarged gland, and, until the further progress of the disease discloses the true state of matters, might be treated as such by the attendant, without any blame being due to him.

At the earliest period of infancy the umbilicus is an object of attention, and with reason, for excluding the ground of cleanliness, alone an adequate inducement, local filth as from neglect of dressing, more especially when combined with the depressing influences exercised on a delicate infant in the densely crowded localities of a populous town, is sufficient cause of trismus and death. This is not a mere imaginative statement, but one founded on actual observation, and is sufficient to prove that umbilical irritation at this delicate stage of existence endangers life, and suggests the expediency of local cleanliness and freedom from irritation by dirty stinking rags.

The separation of the effete cord is not the only risk the infant has to encounter. Morbid growths may occur at the Umbilical depression, as the accompanying histories testify. In the one case a tumor commences at the navel shortly after birth, without any assignable cause, increases in size equal to a boy's marble, and remains stationary during several years. It is successfully removed by a tape ligature.

In the other case a slight swelling is observed at the navel at the time of birth. This swelling disappears, and in two weeks reappears. In four weeks it grows to the size of a pea, and is attached to the umbilicus by a slender pedicle. At this date (infant six weeks old) I severed the pedicle by a ligature. A little bleeding followed, but not of dangerous amount.

Case I.—W., between four and five years of age, native of Britain (Co. Tyrone, Ireland), resident in Canada West; has a small tumor in the region of the navel, protruding from the centre of the Umbilical depression in the form of an elongated, round, flesh red, soft mass, as large in bulk as a boy's marble. It does not cause pain. It bleeds daily, staining the wearing apparel. The growth commenced immediately afterbirth, as a small red spot: has increased in size, and has continued without showing any signs of disappearance. The boy is otherwise in good health.

December 25, 1865.—The local use of tannin and nitrate of silver having failed to be of any service, I applied a tape ligature to the tumor at the abdominal attachment.

January, 1866.—The boy suffered no material annoyance from the ligature, excepting a little pain, consequent on friction with the bed clothes. The excrescence separated on the seventh day as a hard, dark, shrivelled mass.

Case II.—L., female, aet. six weeks, native of Canada (Ontario); has a small tumor about the size of a pea attached to the Umbilicus by a slender pedicle.

At the time of birth the attendant noticed a slight swelling at the Umbilicus. The swelling disappeared, and in about two weeks reappeared. It has continued to grow until the present time.

December 26, 1869.—I applied a ligature which cut the pedicle. A little blood flowed for a few seconds and then ceased. The tumor has not returned.

PERSONAL.—W. E. Ledygard, M.A., M.B., Toronto University, and G. F. Slack, M.D. Montreal have successfully passed the examination of the Royal College of Surgeons, England.

F. R. L. Strathy, M.D. Victoria College, L.R.C.P. Edin. successfully passed the examination of the Royal College of Surgeons, Edin.

CORRESPONDENCE.

(To the Editor of the *Canada Lancet*.)

Sir,

I find in the present number of your valuable journal a favorable notice of a pancreatic emulsion, under the name of Cyano-Pancreatine, and that it has the sanction of some of the most eminent physicians in Canada, also, you state it to be "composed of animal fats, pancreatic juice, alcohol, and water, chemically united in proper proportions."

In the August number, page 503, in my paper on consumption, I gave a formula for the combination of fats and alkalies, as well as an explanation of their chemical union, so at variance with the preparation under consideration, I feel called upon to make a few remarks in reference to it.

I maintain that the only chemical theory which can be given of the action of fats medicinally on the system is the one given in my paper, viz., the formation into their respective acids *after* they have been combined with the alkalies and *after* they have been received into the circulation, and subjected to the action of the heat of the blood, thus allowing the *free* action of the alkalies in the emulsion, on the mucous surfaces and albuminous secretions, and of the fatty acids on the blood and blood deposits in whatever form,—therefore it is necessary that the mixture should contain sugar or a Saccharine principle to insure the fermenting process and secure the acid formation, it is also all important that different alkalies, or more than one should be combined to prevent the acids of the stomach destroying the effect altogether.

As to the use of butter as opposed to the coarser fats, such as fish oil, lard oil, &c., I will quote a distinguished author, not on medicine, but in reply to the Darwinian theory of our progenitors:—"If in the examination of man's nature we will confine our view exclusively to the lower works of animals, I should say that the possible contagion and communication of various diseases and organic properties and powers of animals, would prove in man rather a greater sympathy and affinity of organic life and animal blood with the cow, the sheep, the horse, or the elephant, than with the ape." So for the chemical composition of butter and fats, and their respective affinity to human fat, I refer to Mulder, page 573:—

"Margarine or solid fat which exists largely in butter is the solid ingredient of human fat. Butter, therefore, appears to be the most natural food in the human race, since it contains so large a proportion of one of these substances which enter directly into the constitution of the human frame, (p. 558)—olein, or fluid fat is the same in all animals, but the fluid oil of animal fats is known to differ from the liquid part of butter, (587)." Butter prepared from any of the usual methods contains more or less of all the ingredients which exist in milk." (Johnson, page 551.

Now I claim that pepsine, another ingredient in my butter mixture, plays an important part in the treatment of indigestion in all its various forms, nor am I willing to ignore the usefulness of the phosphatic element in the preparation which I have suggested, I say suggested, for I do not hold it as the only useful mixture that can be prepared, or the only form in which fats and alkalies can be brought into general usefulness in the cure of diseases; but I do maintain that when a plan or system of prescribing is openly advocated in a proper journal, it is the bounden duty of any practitioner to show its fallacy or give it preference to secret preparations of the same kind.

C. B. HALL.

Adelaide Street, Sept. 5, 1871.

(To the Editor of the *Canada Lancet*.)

DEAR SIR,—I desire through the columns of the *Lancet*, to bring under the notice of the profession, a mode of treatment which I adopted in a case, and which is somewhat different from the ordinary method. The patient, (a child about two years old) when I first saw it, had an erysipelatous band two inches in breadth, encircling the ankle. I gave a brisk purgative and followed this with tinct-aconite in half-drop doses every half hour; saw the child again three hours later, the disease had now reached the knee and threatened to be cellulitic. I ordered warm poultices of hops, and saw the case again an hour after. The inflammation had extended to the middle third of the thigh. I now drew a camel's hair pencil, dipped in tinct. of iodine around the thigh a few lines above the line of demarcation, and contrary to usual practice ordered cold to be applied.

Three hours had elapsed before I again saw the patient, I found that the inflammation had not crossed the iodine line, and that by the application of cold water, the whole limb had acquired a more natural hue. The cold applications were kept up for some twenty-four hours longer with complete recovery. I have thus drawn attention to this matter from the fact, that, I think we are all a little too much afraid of cold applications in the treatment of this disease.

Yours respectfully,

HENRY R. BRISSETT, M.D.

St. John's, Que. Sept. 5th, '71.

HOSPITAL APPOINTMENTS.

(From our Edinburgh Correspondent.)

I have been pleased at seeing an article in the *LANCET*, and also letters in the *Toronto papers*, from various medical men throughout the country, advocating the appointing of house surgeons annually, by competitive examination, at the Toronto General Hospital. One of the great advantages which graduates in medicine and surgery in Great Britain have over Canadians, is the number of hospital appointments which are open to them. Many of these are entirely honorary, nothing being allowed besides board and lodging; others receive merely a nominal salary, and in a few the residents have to pay so much per week or month to live there, after being appointed. In this country these posts are generally given to young graduates. At the Royal Infirmary, there are several house physicians, as well as a like number of house surgeons; both the medical and surgical houses being entirely separate as regards their professional management. These appointments are held for six months. At the Royal Maternity Hospital, Edinburgh, the resident accoucheur pays four guineas per month to the hospital. There the resident has the privilege of delivering all the patients residing in the hospital, while the attending students deliver the *out-patients*, wherever they reside. At Chalmers' Hospital and at the Royal Hospital for sick children, the resident physicians are appointed according to the testimonials which they present, the appointments being held one year in the former, and six months in the latter institution, no salary being given. There are so many of these places to be had by the young physician and surgeon, that very many are engaged

with hospital work for one or more years after graduating. One of the greatest evidences of these appointments being appreciated, is shown by the number of applicants that present themselves, men having passed with honors, being often the most anxious to obtain an appointment which will be beneficial in a professional, but not in a pecuniary point of view. These posts are considered by most men, to be of immense value to the early practitioner. In this way he has the opportunity of seeing a great deal of practical work, without having the weight of the responsibility upon his own shoulders, and afterwards, when in practice, often will he call back the recollection of cases which he may have seen during his hospital service, and compare them with cases which he is treating. He has also the opportunity of benefitting by the advice of men of experience. The residents are allowed to perform minor operations, such as amputating fingers, &c., in this way gaining confidence, which will be of great value in after life. Many of your readers, I daresay, have held such appointments in this country and, I have no doubt, value the time they spent in them more than a little. If there were more of these residencies in Canada, it would greatly tend to raise the standard of the medical profession. Many of the appointments which are given to older practitioners, accompanied by a salary sufficiently remunerative to make them hold them for years, might, with much more benefit to the profession, be awarded to graduates by competitive examination, to be held by them for the space of six months or a year, with merely a nominal salary. I feel convinced that in a short time students would begin to know the value of such appointments, and there would be many applicants for such positions.

F. R. S.

Edinburgh, September 14th, 1871.

HYPODERMIC INJECTION OF MORPHIA IN DYSENTERY.—Cases of dysentery cured by hypodermic injections of morphia alone are recorded by Dr. Thomas J. Gallagher, of Pittsburgh, Pa., in the *N. Y. Medical Journal*. The pain and tenesmus are instantly relieved, by this method and the cure is much quicker than by the usual procedure, also the administration of frequent doses of nauseous drugs obviated. From one to two injections, mostly but one, daily, is all that is required.

Selected Articles.**FIBROID POLYPUS OF THE UTERUS.—REMOVED BY
TWISTING THE PEDICLE.**

REPORTED BY J. CURRIE, M. D., PARK END, LYDNEY, GLO'ESTER.

DEC., 1870.—Mrs. P., aged 46 years, the mother of ten children, the youngest child being six years old, has suffered during the past eighteen months from vaginal discharge, with irregular menstruation and general weakness. On one occasion after a long walk she had hæmorrhage. The discharge being supposed to be merely leucorrhœal was treated for a considerable time by iron tonics, etc., but as it was not lessened thereby, a vaginal examination was proposed about six months since, to which at first she would not consent. At length, growing anxious, she applied to my partner, Mr. Batten, in August, and submitted to the necessary examination, which immediately revealed the presence of a large smooth tumor in the vagina. I had an opportunity of repeating the examination in a few days after, and found the vagina stretched round a smooth round tumor, beyond which, however, by persevering, I could pass the finger and distinguish a short pedicle connecting the swelling with the inner surface of the anterior wall of the cervix uteri.

The patient was informed that she should make up her mind to the removal of the tumor by operation. Shortly after, however, she consulted a surgeon in a neighboring city, who prescribed a lotion to be applied on lint, and pushed up as far as she could reach, and a tonic mixture. He informed her, moreover, that to remove the tumor would be fatal, probably at once. Finding no benefit from these means, she again put herself under our care. Of late she has suffered occasionally from retention of urine when the bladder has been allowed to get too full, and early in the morning of the 1st inst. I was sent for in a hurry to see her. She was in great pain, and obliged to maintain a bent posture. She had taken a free draught of new cider, which the family had been making the evening before, at bed time, and when she rose in the morning she failed in her effort to make water. She was put to bed, and on examination I found the tu-

mor larger and lower down—indeed, just within the orifice of the vagina—in shape and size closely resembling the fetal head of seven or eight months. I endeavored to depress the tumor, so as to permit of her passing urine of her own effort, but it only dribbled away, so I drew off about a pint by catheter. Finding the tumor moveable, and having observed Dr. Tannahill's case in the November number of the *Glasgow Medical Journal*, I tried whether the tumor could be turned round at all, and succeeded in turning it round once or twice, and I observed that it was retained in its new position. Anticipating a repetition of the retention of urine, I requested Mr. Batten again to see her with me, intending to adopt operative measures at once. We saw her on the 3d inst., and found that there was a thick bloody fetid discharge, and that the tumor was less tense and swollen than at my previous visit. There had been no return of the retention. Yet it was with difficulty that the finger could be made to reach the attachment to the cervix uteri. I again turned the mass round so as to twist the pedicle, and the patient was advised to syringe out the vagina. This she did not do, but on the morning of the 8th, when she arose from bed, she had some bearing-down pain, and the entire tumor was expelled. On examination, later in the day, the vagina was found to be quite empty, and the os uteri capable of admitting the finger. Rest and frequent washing were enjoined.

The tumor as now seen could hardly be believed to be the same, which a few days before filled up the vagina, and felt as large as a child's head, so much had it been reduced by the sloughing process. Mr. Carter, Pathologist at University College, London, who kindly submitted the tumor to microscopical examination for me, states that it presents the usual characters of polypus and fibroid tumor of the uterus, viz, unstriped muscular fibres, fibrous tissue, and fusiform cells and nuclei.

The patient has quite regained her health (April 1871), and the menstrual function has been re-established.—(*Glasgow Medical Journal*.)

COMPLETE EXCISION OF THE ASTRAGALUS AND OS CALCIS.—Dr. T. G. Morton, of Philadelphia (*Am. Journ. Med. Sciences*), presented a case of excision of these bones, at a meeting of the College of Physicians and Surgeons. A very perfect recovery followed, both as regards motion in the new joint, and in the usefulness of the foot, which was shortened about one inch.

STRYCHNIA POISONING—RECOVERY UNDER TREATMENT WITH CALABAR BEANS AND CHLOROFORM.

BY JOHN WHITE, M. D., GLASGOW.

On the 15th August last, at 10.10 p.m., I was called on by Mr. P., who said that he would like me to come quickly and see his servant maid, who, he thought, was either mad or dying. I went at once, and found the girl in bed in a prone posture, and in a state of tonic spasm. On making examination, the smallest touch induced powerful spasmodic convulsions; in fact, a condition ending in complete emprostotonos. Her eyes stared wildly, her pupils were dilated, jaws firmly closed, respiration difficult and laborious, pulse very quick. The paroxysms returned every thirty or forty seconds. During the paroxysms she seemed inclined to turn on her side, and the violence with which the jaws closed, suggested the action of a rat trap. On the accession of each paroxysm, she howled fearfully, and so loudly that neighbors above and below on the same stair were kept in a state of terror for several hours. Her cries seemed slightly to precede the muscular contraction. During the short intervals, I, with difficulty, elicited the information that she had taken Vermin killer, with suicidal intent, and also that she did not wish to recover. From the symptoms I had no difficulty in concluding that the poison had been some form of strychnine. I at once mixed a tablespoonful of mustard, with a tumbler full of water, and tried to force her to swallow it. From the clenched condition of her jaws, I could only succeed in forcing a small quantity down her throat, which was almost immediately rejected in the same state as when swallowed; and it failed to induce vomiting. I then put her under the influence of chloroform, and sent for my neighbour, Dr. Niven. On his arrival at 11, seeing that the state of the jaws precluded the use of the stomach pump, we agreed to try the effect of the Calabar Bean, conjoined with the chloroform. Half a grain of the extract in the form of tincture was accordingly administered at once, and the chloroform continued, remitting it every 15 minutes or so, to examine her condition.

For an hour and a half the paroxysms continued, though by the end of that time they were much decreased in intensity. At

12.45 the paroxysms returned with their original violence. The pupils were still dilated; the pulse 130 to 110, small and irregular. Another half-grain dose of the extract was then administered, and the chloroform continued as before. While under its influence the pulse fell to 88 full, soft, regular, but so soon as the effects of the chloroform were off, it again mounted to 130. This was observed on each withdrawal of the anæsthetic. While under its influence she frequently made use of the expression, "Oh! poor Bob," suggestive of some love affair having had something to do with her present situation. The chloroform was continued remittingly till two o'clock, when it was withdrawn for a short time. The pulse rose to 100, and, on touching her body, spasms were again excited, though not violently as before. She now complained of pains in the head and jaws, and expressed herself as anxious to recover. Cloths wrung out of cold water were now applied to the head, which, she said, eased the pain considerably. The pupils were now contracted, though not very much.

At 2.45 she vomited freely, and by 3.30 the spasms had almost entirely disappeared; pulse 86, small, soft. I saw her again at 9; found her much exhausted; complained of pain in almost every part of the body, particularly the muscles of neck and jaws; feels as though she had been thrashed from head to foot. I was then able to examine her more particularly, and to obtain the following history:—

M. T., aged 20, height 4 feet 11 inches, stout, strong, and healthy-looking, had come recently from the country, and been a very short time in her present situation. Since her arrival in town she had formed the acquaintance of a young tradesman, of whom she thought a great deal. His employment failing in Glasgow, he had left for some other part of the country. Since his departure she had been in very low spirits—so low that she had resolved on self-destruction. With this intent she went to a druggist's shop and bought 4d worth of poison, which she said was to kill mice. On her arrival home she mixed the poison in a cup, by means of a spoon, with cold water, and drank it off. She then poured water on the "grounds," as she called it, and drank off every particle; and, having burned the wrappers, "went to bed to die." She had taken no food for three hours previously, and then only a spare meal of bread and tea. As nearly as I can

calculate, I saw her twenty-five minutes after she had swallowed the poison. My patient recovered rapidly, and was able to be sent home in the course of next day. I have heard of her since her return to Ayrshire, and no bad results seem to have followed. To corroborate part of her statement, I went to the shop she mentioned, and found that a woman answering to her description had, at the same time she indicated, purchased two 2d packets of Vermin killer for the purpose of killing mice.

The powder similar to which she swallowed I now show you. It is in moderately fine powder, of a bluish color; metallic taste not unlike that of sulphate of zinc, and very bitter. It mixes readily with water, is partially soluble in cold, and entirely so in boiling water. Under the microscope it appears starchy looking with admixture of small crystals, and in a regular state of division. Tests for strychnia having been applied, that substance was found to be abundant. To save the troublesome process of a quantitative analysis, the person who prepared the Vermin killer was communicated with. He courteously replied that each six grains of the preparation contained exactly one of strychnine. Now, as two 2d packets weigh exactly 20 grains, this gives $3\frac{1}{3}$ grains strychnine as the quantity swallowed. The question here arises, Did she swallow the whole of the quantity she bought? From the circumstantial manner in which she described her process of mixing and swallowing the druggs, along with her determination to commit suicide, I have no doubt of it.

Another question may be put. Did she reject any part along with the mustard and water 35 minutes after swallowing the poison? I am of opinion that she did not; the rejected portion seemed not to have come from the stomach at all, but simply the ounce, or two at the most, of mustard and water which I had tried to force her to swallow, and the subsequent persistence of symptoms go far to confirm this.

As to the treatment, I cannot say it was strictly scientific; but the end justified the means. The urgency of symptoms was such that we used two remedies, the action of which, so far as we know, are not physiologically incompatible; but how far each individually, or both conjointly, acted towards the end attained, I am not prepared to state. We know that strychnia destroys life by acting on the nerve centres, and producing spasmodic contraction of the muscles of both respiration and circulation;

and we are aware that chloroform abolishes reflex action. Is it not then likely that the chloroform, combined with the Calabar Bean, had, so to speak, restrained the physiological action of the strychnine until it had exhausted itself, and been eliminated from the system?—*Glasgow Medical Journal.*

CASE OF ABSENCE OF THE UTERUS AND VAGINA, AND OPERATION FOR RELIEF OF THE LATTER

BY J. H. POOLEY, M.D., YONKERS, N. Y.

ELIZA TAGGART, *æt.* 21. Born in this country of Irish parents; of dark complexion and medium height. She states that she has never menstruated, and although she has a monthly menstrual effort or molimen, characterized by headache, languor, pain in the back, and fullness and uneasiness in the breasts, she suffers no inconvenience at any other time.

For this condition of things was discovered, upon examination, an anatomical physical cause, in the fact that she has no vagina, and no uterus, or at least nothing distinctly recognizable as such. In other respects she is well formed, her breasts are large and full, her figure is strictly feminine, and the external organs of generation are perfectly normal, the *mons veneris* being abundantly supplied with hair.

Just below the *meatus urinarius* is a shallow fossa or depression, in which no opening or aperture, however small can be detected, and to the sense of touch it gives no evidence of fluctuation, or a cavity above it, but feels quite solid, even on the firmest pressure. By conjoined manipulation, with the finger in the rectum, and a catheter in the bladder, I could feel no intervening body, although Prof. T. G. Thomas, who also examined the case, thought he detected something occupying the usual site of the uterus, which might be an undeveloped uterus, or a mere thickening of connective tissue at the point of coalescence of the oviducts; the ovaries could be distinguished.

Owing to the possibility of their existing a rudimentary uterus, susceptible of development, and as at least a vagina might be constructed, I determined to perform an explorative and ex-

perimental operation, and admitted the patient into St John's Riverside Hospital, Yonkers, for that purpose.

The patient was placed upon a convenient table in a good light, upon her back, in what is commonly called the lithotomy position, and rendered insensible by sulphuric ether; a staff was then introduced into the bladder, and a full-sized rectal bougie into the rectum, and a dissection, extending from just below the meatus urinarius to the posterior commissure of the vulva, was carried slowly and cautiously upward in the axis of the pelvis for four or five inches. No uterus could be found, though diligently searched for; but an artificial passage was formed of the length described, and large enough to admit of the easy introduction of the largest size of Emmet's glass vaginal plug, an instrument somewhat thicker than the ordinary cylindrical glass speculum. There was no hæmorrhage: the plug was retained *in situ* by a T bandage, and the patient put to bed.

For the next four days there was considerable fever, temperature as high as 102° , some tenderness of the lower part of the abdomen, and retention of the urine, the bladder requiring to be relieved by catheter twice a day; every time this was done the wound was syringed out with a solution of carbolic acid.

These threatening symptoms subsided without becoming serious, and the treatment consisted simply in removing the plug once a day, and syringing the wound with the carbolic acid solution.

She was discharged from the Hospital, June 7th, at her own request, the now-made passage showing no disposition to close or contract.

She attended at my office for several weeks after this, and the plug was daily removed, the opening remaining free, and having very much the feeling and appearance of a natural vagina. After a time she ceased her attendance, and became careless in the use of the plug (she broke two or three, but fortunately without injury,) and the artificial canal contracted to some extent, but not very much. No discharge like menstruation, vicarious or otherwise, ever made its appearance.

It may be doubted whether this patient has derived any reasonable advantage from the operation, which, nevertheless, in view of all the circumstances, was perfectly justifiable, nay, even advisable; and in my opinion would have been much more so had

she been married, as has been the case in most of the recorded cases of this kind.

Numerous cases of absence of the uterus and vagina, singly or both together, more or less carefully observed, lie scattered throughout medical literature in text-books and journals, waiting to reward the industry of the writer who shall correct and classify them, as Bodenhamer has done the imperforations and deficiencies of the rectum and anus; and I would suggest this useful work to some one who has access to the large libraries, public and private, of a great city. I intended to undertake it myself, and had made some progress; but the want of the necessary facilities has deterred me from prosecuting it further. I know of no publication on the subject except a French work whose title and author I have forgotten.

However numerous may be the recorded cases of this sort, I find very few accounts of operations for their exploration or relief. Three such may be found in *Evo's Remarkable Cases in Surgery*, p. 39 & seq., particularly one curious one where the operator literally drilled a passage with a bougie and hammer, in which case, though there was no vagina, there was a uterus, and the woman subsequently bore children. I make no further special reference to cases, as they are too numerous to be profitably cited without a full and systematic collection.—*Am. Journal of Obstetrics.*

THERAPEUTIC VALUE OF GELSEMINUM. Gelseminum (or, as it is sometimes written, gelskium) is of late attracting considerable attention. It is highly lauded by some practitioners as a nervous sedative, in cerebral congestion, mania, and a great variety of disturbances resulting from disorder of the nerve-centres. We know of one physician who regards it as invaluable in nervous or sick headaches, ten or fifteen drops of the tincture to be given three times daily. The physiological effects of the agent are very remarkable. Even moderate doses will sometimes produce a peculiar, heavy sensation in the forehead, with partial paralysis of the levator muscles of the eye-lid, so that it is difficult to keep the eye open. We have employed it frequently for a number of years, often with benefit, but certainly not with such happy results as some others ascribe to it. The following

formula will be found valuable in hysterical and functional disturbances of the nervous system.

R. Tinc. valerianæ ammon., oz. i;

Tinc. gelsemini, dr. i.

M. Sig. A tea-spoonful p. r. n.

Some of our druggists prepare an ammoniated "elixir" of valerian, which is better than the official tincture, in being much less disagreeable.—*Pacific Medical and Surgical Journal.*

EXCISION OF THE ELBOW JOINT FOR ANCHYLOSIS IN THE STRAIGHT POSITION.

Dr Fenwick, in the *Canada Medical Journal* for July, reports the following case. Zoe D., aged 18, a delicate looking girl, came as an out-patient to the Montreal General Hospital on the 25th April, 1871, suffering anchylosis of the left elbow joint, caused by dislocation of the bones of the forearm backwards, the arm was in the straight position, there was slight rotatory motion, but flexion and extension were impossible.

On the 1st March the patient was thrown from a carriage, lighting on the left hand. She was seen by a surgeon, who told her that her arm was broken; no attempt at reduction was attempted; it was put up in the straight position, with a splint leading from the axilla to below the fingers, and was maintained in this position for a period of forty days. When the splint was removed the arm was found fixed and useless. The house surgeon, Dr. Ross, on examining the case, discovered the nature of the accident, which was quite apparent. The condyles of the humerus lay in front, forming a large prominence, the olecranon process was backwards and upwards, and the head of the radius could be distinctly felt rotating to the outer side, above and behind the external condyle.

There was great fixity and rigidity of the limb. She would not submit to any manipulative interference, and left the Hospital. She returned again on the 28th April, when Dr Rieddy, the House Surgeon, placed her under chloroform, and attempted the reduction, but failed. Considerable swelling followed this attempt, and she refused to enter the hospital, but said she would return in a day or two. She returned on the 1st May, when she

was admitted under my care. At that time the joint was swollen, hot, glazed, and could not be handled without much increase of pain. I ordered an evaporating lotion, and decided for the present to abstain from all attempts at reducing the bones.

The arm was placed on a pillow and perfect rest enjoined. At the end of ten days an attempt at reducing the dislocation was made, and as much force employed as I thought prudent. Indeed, after using considerable force, the olecranon process separated with a snap, but the bones still remained unreduced. The limb, however, was semiflexed, a position in which it was retained, as being more advantageous, provided she refused to submit to further operative measures.

Considerable inflammatory action followed, but was in time subdued under perfect rest and the application of a lotion of acetate of lead. Towards the end of May the arm was found in the semiflexed condition, pronation and supination were limited, and flexion and extension perfectly impossible. It was deemed advisable to recommend the operation of resection, as affording the only means of restoring a useful limb. This the patient consented to, and the operation was performed on the 1st June 1871.

An incision was made on the inner side of the arm and forearm and a cross incision cutting outwards opening the joint; the ulnar nerve was carefully raised from its bed and turned aside; the ends of the bones having been carefully freed, the head of the radius and upper fragment of the ulna were first removed, the condyles of the humerus were then treated in the same manner, three small vessels were ligatured. The wound was freely washed out with carbolic acid lotion of the strength of one to forty, water being the menstruum used. Finally the edges of the wound were closed with wire sutures, and dressed with carbolic acid lotion, the arm was supported on a rectangular splint. The ligatures came away on the fourth day, the wound looked healthy, there was union by the first intention in the greater portion of its length on the eighth day, all the stitches were removed, and the discharge was trifling. The case progressed most favourably. On the 22nd June, exactly three weeks from the operation, the arm was taken off the splint, and motion attempted. There was considerable swelling in the vicinity of where the joint had been, as though lymph in quantity had been thrown out between the sawn ends of the bones. The firmness

was considerable, so that the motions of flexion and extension, pronation and supination, were limited.

In extending the arm about a tea-spoonful of fluid, strongly resembling synovia, was forced out through a small opening in the transverse incision. From this date free motion was practised daily.

On the 27th the splint was entirely removed, and the patient enjoined to use the arm freely. This she continued to do. All the motions were more free, and the muscles of the forearm became developed, the arm assuming the plumpness of its fellow. She continued steadily to improve, and left the hospital on the 10th July, promising to return in a few days. On the 17th July she returned, when the motions were found to be perfect. She can grasp an object with firmness, and the limb is increasing, in strength daily.

TREATMENT OF INFLAMMATION OF LIMBS BY CUTTING OFF THEIR MAIN ARTERIAL SUPPLY.

BY DR. S. W. GROSS.

In this paper Dr. Gross first details a case of intense subaponeurotic inflammation of the hand, in which he was forced to take up the brachial artery for bleeding from incisions made by the surgeon.

Up to this time (he says) there had not been any considerable diminution in the severity of the local symptoms, and the gangrene now involved the third and second phalanges of the ring-finger. On the following morning I found that the swelling had declined and that the pain, heat, and purulent discharge had also diminished. In the course of a week the hand had regained almost its natural size, and a distinct line of demarcation had formed on the proximal side of the first phalangeal articulation. Ten days later I removed the offending finger at its metacarpal junction, and in a few days more the cure was perfect.

After giving a history of the subject, he recommends manual compression of the artery as a safer, less serious, and equally effectual method as the ligature. In 1867 Professor Vanzetti, of the University of Padua, proposed digital compression of the

main-artery for the cure of phlegmonous or articular inflammation of the extremities, and detailed two cases as illustrations of the efficacy of this treatment, one being an instance of bad phlegmonous erysipelas of the arm, cured by compression of the subclavian artery, and the other a case of acute arthritis of the wrist, successfully managed by compression of the brachial artery. So manifest have been the advantages derived from manual compression, that it now forms the ordinary means of treating such cases at the Padua clinic. It need not be continuous, and the patient may be taught to exert it himself. In general it need only be maintained for eight or ten minutes, and after resting, again resumed. Professor Nelaton, in a case of inflammation of the hand after a lacerated wound necessitating amputation of the finger, obtained good results from the compression of the brachial artery.

The same principle of practice has been carried out in other ways. Thus Mr. Jackson, of the Sheffield Hospital, subdued an inflammation of the knee-joint, consequent upon a punctured wound, by compression of the femoral artery with a tourniquet for forty-eight hours; but the disadvantage of the use of an instrument is obstruction to the venous return. *The Lancet*, December 7, 1867, has briefly noticed "a case of severe traumatic inflammation of the hand, under the care of Mr. Moore, at the Middlesex Hospital, in which the compression of the artery was procured by acupressure. The treatment here was quite successful.

Upon the whole, manual compression is to be preferred to other measures which have for their object the arrest of the circulation in badly-inflamed parts.—*Medical Times*.

TRANSPLANTATION OF SKIN.

BY PROFESSOR G. H. B. MACLEOD, UNIVERSITY OF GLASGOW.

In the *British Medical Journal* for April 1st, I have entered pretty fully into an account of the results obtained in my wards from this most interesting proceeding. I shall very shortly recapitulate the practical teaching of the observations made. The object, of course, held in view is to multiply the centres of circula-

trization over a large open granulating surface, so as to hasten closure, diminish contraction and deformity, and provide a stronger and more elastic covering for the part. To accomplish skin-grafting we must attend to the following points:—

1st. The surface on which the grafts are to be placed must all present the characters of a "healing sore." The granulations must be sound and viable.

2nd. The graft does best when it is about half the size of a threepenny piece. It should be composed of pliant, sound skin. Scrapings of epidermis have not succeeded with me, though their presence on the sore has sometimes seemed in a curious manner to augment the cicatrizing activity of the edges. A thickness of tissue does best, which, while it includes the "stratum malpighii," and as much of the corium as serves to give it consistence, is yet pliable and thin.

3rd. The graft is neatly spread out on the undisturbed granulations by means of two needles, and fixed by a strip of adhesive plaster, so cut, that while the ends are broad, to get a good hold, a narrow portion only partially covers the graft, and so we are enabled to watch it.

4th. No dressings are used, as all contact is carefully avoided for fear of displacing the graft. No application was made to the sores, nor alteration made in the patient's diet, &c.

5th. For some days (4 to 23) no change occurs, and then the transplanted portion begins to grow, or, what is very common, the graft desquamates, and we suppose the experiment has failed, when lo! from the place of its insertion, a little island of epidermis appears and spreads around. Non-irritating dressings may then be applied safely to the surface.

6th. The general health of the patient closely affects the progress and growth of the grafts, and so will demand supervision. If any derangement of the system occurs the growth of the graft may be arrested for weeks.

7th. Grafts from one person succeed perfectly on another. Mr. Coes, one of my dressers, supplied several, which grow well on a patient operated upon.

8th. I tried in two cases, and in one succeeded in a very remarkable manner in healing granulating ulcers, by covering them thickly over with the serum from a blister raised by cantharides. In the successful case, a sore which had for months resisted

every kind of treatment (being a "monstrous" ulcer), was closed to a point by this plan in 3 days. Further experiments will be made in this direction.

As a good example of what can be accomplished by transplantation, I will, in conclusion, relate one case. A laborer of 32 years of age had his foot crushed between two iron rollers, all the metatarsal bones being broken across, and the integument entirely peeled off the whole anterior surface of the foot, while the sole was so separated from the underlying parts that the hand could be passed under it. The foot was so cold and discolored that I scarcely doubted but that gangrene would set in, and the question of primary amputation was for a time entertained. In a day or two things began to improve under carbolic oil dressing, and a good position. The whole that remained of the coverings of the dorsum of the foot with the toes eventually came away, and a large hard surface, in which the tendons lay exposed, remained. The sloughs were carefully and gently removed as they became loose, and the patient's general health was well taken care of. Feeling convinced that the utility of the foot would be all but destroyed if the wound was allowed to cicatrize in the ordinary way, and that at least it would be a very long time before the wound could close, I grafted six pieces of skin with the happiest effect, as from each an islet of epithelium extended which, in eight weeks from his admission, entirely covered the denuded surface with a distensible, pliant, and firm skin, which occasioned no abnormal contraction, nor any deformity, and thus the part was restored to its pristine condition—a result which was quite unattainable, so far as my experience goes, without such aid as was got from the grafting. I may add that, independent of its practical value, skin transplantation suggests many most interesting questions for the contemplation of hospital surgeons.

MR. POLLOCK'S CASE OF SKIN-TRANSPLANTATION.—Those who have been awaiting with interest the result of Mr. Pollock's experiment of transferring portions of skin from a negro to a granulating surface in a white subject, will read with regret, in one of our hospital reports of this week, that both the pieces of pigmented skin have been lost in consequence of some unexpected

and unaccountable sloughing which attacked the cicatrix of the wound. By this unfortunate accident Mr. Pollock is compelled to postpone until another opportunity presents a histological investigation, which promises results of great physiological interest. The experiment had, however, already demonstrated the power of black skin to reproduce itself in a white subject by the development of pigment in the new skin which it propagated. Mr. Pollock thinks it just possible that the sloughing may have spared a few living pigmented epithelial cells, if so, they may be expected shortly to give evidence of their presence. —*Lancet*.

A NEW OVARIOTOMY CLAMP.

By B. F. DAWSON, M.D., New York, attending Physician to the New York State Woman's Hospital, &c., &c.

The operation of ovariotomy is rapidly attracting increased attention, and while but a short time since it was performed by a few surgeons, we now hear of its being undertaken by many young and inexperienced physicians with the boldness of old ovariotomists.

Notwithstanding, however, the frequency with which the operation is performed, and the consequent progress made in the procedure itself and the after-treatment of the patient, yet it cannot be denied by any one who studies the subject but that much, very much, remains yet to be learned, before it can be classed amongst the perfected operations of surgery.

Even yet, some of the eminent ovariotomists of Europe and this country are at variance as to many of the most important points in the operation, for instance, as to the treatment of the pedicle, whether it is best to ligate and return it or not into the peritoneal cavity, to clamp it, and keep it external to the abdominal wound, or to dispense with both ligation and clamp, by substituting the *écraseur*, the actual cautery, or laceration.

The proper treatment of the abdominal incision is also a mooted question, the majority advising immediate and perfect closure. While a few, and not the least distinguished, advocate the practice of leaving a small opening, to allow the exit of septic gases and material, and the advised washing out of the peritoneal cavity.*

* See Prof. E. R. Peaslee's paper on "Injections into the Peritoneal Cavity after Ovariotomy," Vol. III., No. 2, p. 369, *American Journal of Obstetrics*.

Although there exists such difference of opinion in regard to the treatment of the pedicle, yet the majority of the distinguished ovariologists are becoming more in favor of clamping the pedicle than of ligating it, and some have given the most conclusive proofs of the former in the statistical results of their cases (Spencer Wells, Thomas, Atlee, &c.), by far a greater number so treated recovering, than where the various forms of sutures are used, and the pedicle returned into the abdomen.

The advocates of the latter method, as well as those in favor of the clamp, have been active in endeavors to perfect each detail of the individual methods, and have given us as results varieties in ligatures as regards material and application, and clamps of different principles and special peculiarities.

As it is not *7* purpose in this paper, however, to discuss the various methods of treating the pedicle, but only the application of the clamp, and especially one possessing new principles, I will pass immediately to the subject.

The object of all clamps is to so compress and retain the ovarian pedicle as to perfectly control all hæmorrhage, either temporarily until the ligature is passed, or permanently, without the latter, as the operator may desire.

With one exception (Atlee's clamp), the principle of action of all clamps is the same—compression of the pedicle between two parallel arms of steel, which are brought into co-aptation by two screws, or a hinge and screw combined. Such instruments compress the tissues in but two directions, and thus allow them to spread more or less between the bite of the clamp, and this very spreading of the pedicle is somewhat essential for the proper closing of the clamp.

Now, two great objections seem to me to be attached to this spreading of the pedicle: 1st, it must somewhat prevent (perhaps only in a slight degree) *perfect* ligation of the pedicle by any of the various ligatures, for, after ligation, that portion between the ligature and clamp is spread out in a fan-like manner, and therefore offers unequal resistance to ligation; and, 2d, if the clamp only is used, the pedicle expands transversely to the wound, and thus prevents sufficient approximation at the point where it is situated.

The above conclusions have been arrived at after having been present and assisted at some sixteen operations for ovari-

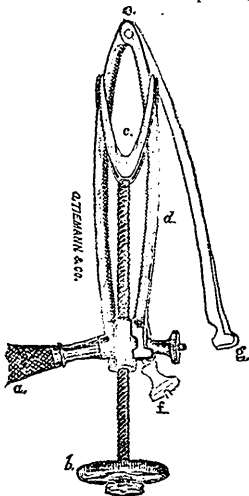
otomy, performed respectively by Drs. T. Addison Emmet, T. G. Thomas, E. R. Peaslee, Joseph Kammerer, John Byrne, and Stephen Merritt.

To overcome one of these objections, Dr. Washington L. Atlee, of Philadelphia, has recently invented a clamp "to limit, within certain points, the expansion or spreading of the pedicle when the blades of the clamp are screwed together."

By his clamp the pedicle is compressed in four directions, and thus made to occupy a very small space in the abdominal wound. This one has certainly great advantages over other instruments, but, as its mechanism is somewhat complicated, there is yet an opening for further improvements.

I will therefore call attention to a clamp of entirely new action which I have recently had made, and the mechanism of which is exceedingly simple.

The principal features of this clamp are: 1st. It compresses the pedicle in a uniform manner and into as small a compass as may be needed, 2d. The compressing force is exerted by a single screw, 3d. Its application around a pedicle is quick and exceedingly simple, 4th. With it a ligature can be passed directly around the compressed portion of the pedicle, and be made more secure than with other instruments, 5th. Ecrasement could be performed if it were desirable.



In the accompanying woodcut, the clamp is seen locked, and in the act of compressing a pedicle, if we imagine the wheel (b) to be turning. By the turning of this wheel the slide (c) is slowly pushed up towards the joint (e), and thus the tissues are constricted to any requisite degree in an elliptical manner.

In applying the clamp, the arm (d) is to be opened by unscrewing the nut (f), and then passed around the pedicle and closed again, and made fast as before, the slide (c), having previously been screwed back towards the handle.

If it should be determined to ligate the pedicle, the clamp is to be armed, beforehand, with the ligature, by passing it between the lower blades of the slide and the arms of the instrument, which is then applied, by this means the ligature is enabled to engage the pedicle as tightly as may be desired, and without any strain being brought upon it until the clamp is removed.

If the clamp is to be used instead of the ligature, after sufficient compression of the pedicle, the handle (a) and the wheel (b) are to be removed by unscrewing them, which renders the clamps much lighter and perfectly flat, so that no inconvenience is caused by its resting on the abdomen.

The dotted outlines (g) in the cut show the arm of the clamp opened ready for application, and need no particular explanation.

Besides the purpose for which this clamp was originally designed, it may advantageously be used in the removal of hæmorrhoids, portions of the tongue, penis, scrotum, and extraneous growths.

The entire instrument is so light, compact and small, that its case may be carried in the vest-pocket without inconvenience. It is manufactured by G. Tiemann & Co., 67 Chatham Street, New York.—*Am. Journal of Obstetrics.*

TREATMENT OF GONORRHOEA BY WARM WATER INJECTIONS.—Dr. John O'Reilly (*Am. Practitioner*), in recommending warm water injections in the treatment of gonorrhœa, says that the subjoined conclusions may be drawn from his experience. 1st. That gonorrhœa yields to local treatment, and even water injections. 2d. That water injections or medicated lotions owe their efficiency to their frequent application. 3d. That the common small syringe should be done away

with in treating this disease, and none used but those throwing a continuous stream 1th. That large injections, by fully distending the mucous membrane of the urethra, insure a speedier cure than those less copious.

TWIN LABORS.

FIRST CHILD PRESENTING NATURALLY, PLACENTAL PRESENTATION WITH THE SECOND. BY JOHN BRUNTON, M. A. M. D., SURGEON TO THE ROYAL MATERNITY CHARITY.

THE narrative of the following cases will, I think, on account of their rarity, be of some interest to this Society. Cases of placental presentation and their treatment, successful or unsuccessful, ought always to be recorded. If successful, our guide to treatment is established, if unsuccessful, we are warned as to the dangers which we might meet any day.

CASE I.—On the 28th day of December, 1867, I was sent for to attend Mrs. U——, æt. 28, in her fifth confinement.

When I arrived I found that the liquor amnii had escaped with a gush, followed by the head of the child. The next pain, delivered the child, and then ensued a tremendous gush of blood, the loss of which caused my patient to faint. I at once grasped the uterus with my left hand, and on doing so discovered the uterus to be large, and evidently containing another fœtus.

Examination, per vaginam, disclosed placental presentation with the second child, the vagina was full of blood, and a considerable stream was coming away.

I at once slipped my left hand past the placenta, through the membranes, into the uterus, turned the child and delivered it. The placentæ were delivered in a few minutes; the mother rapidly recovered the shock, and ultimately did well. There was no succeeding hæmorrhage, the second child was born alive, and is alive now—the first was dead. One of the placentæ, for there were two, was covered with clot, indicating previous separation. There had been no hæmorrhage before the birth of the first child. The children were females, each in its own set of membranes.

CASE II.—On the second day of December, 1869, at six o'clock, I was sent for to Mrs. F——, æt. 29. She was in the eighth month

of her second pregnancy. On arrival I learned that she had had diarrhoea, and when at the closet she felt a rush of fluid issuing from the vagina; on getting upstairs to examine herself, she found that it was blood. She had been bustling about a good deal that day.

On examination I found the vagina full of blood, the os uteri closed, and that there was no labor. I administered an opiate, ordered her to keep still in bed, and to send for me if the bleeding came on again.

At 10 P. M. I was summoned; the hæmorrhage had set in alarmingly about a quarter of an hour before. As she lived close to my house I was present with her in a few minutes. She had a little uterine pains.

On examination I found blood coming away rapidly, the os uteri the size of a crown-piece, with a bag of membrane protruding. Introducing my hand into the vagina in order to make a proper search for the placenta (for the child was still above the pelvic brim, vertex presenting), I could not find it, though I passed my finger well into the uterus and round the neck. As the hæmorrhage still went on, and there was a dilatable os with a little labor-pain, I gave a full dose of ergot, and ruptured the membranes. The hæmorrhage at once ceased, by manual dilatation, accompanied by abdominal frictions, I delivered a dead male child at 10.45 P. M. The delivery was succeeded by great hæmorrhage. On endeavoring to ascertain the cause of the hæmorrhage, I found the uterus large and only partially contracted, and that evidently another fœtus was in it. On examination, per vaginam, the os uteri was filled up with the placenta, which was partly adherent, I introduced my left hand, detached the whole placenta, and brought it out on the bedside. It was double battledoor and clotted over half its extent, as in the former case. On the removal of the placenta the hæmorrhage at once ceased. By stimulating the uterus to contract by means of abdominal frictions, a second child was soon born (in about five or six minutes), wrapt in its membranes. The child was alive, and lived thirty-six hours. The uterus contracted well, and the mother has done admirably.

Twin males in separate sacs.

Remarks.—First of all, whence the hæmorrhage? Evidently from the uterine sinuses which were left open in the semi-contracted state of the uterus after delivery of the first child. In both cases the hæmorrhage might be called accidental. In the first case, probably the hæmorrhage was in utero before the birth of the first child, and

was concealed accidental. In the second case the hæmorrhage was early, and, as the placenta could not be found on examination, we might call it pure accidental.

Secondly, what about the placenta? In the first case we may conclude that the placenta of the first child had been separated during labor, and not before, as there is no history of straining or hard work in this case. That this is probable is borne out by the history—sudden fainting of the mother, great hæmorrhage, and dead child, the second being alive.

In the second place, where there was one placenta, or, more properly speaking, two placentas joined into one, it is probable that the mother caused separation of that part of the placenta belonging to the first child some time before labor set in, and it is very likely that the previous detachment of part of the placenta, aided by pressure of blood-clot and uterine contractions, caused the whole placenta to be detached and to slip down or turn over upon the os uteri. I have mentioned that I felt the placenta partly adherent, this adhesion was in all likelihood membranous. It is interesting in this case to find the child alive, even though the placenta was so long on the bedside.

Thirdly, I have said that the placenta presented with the second child. I do not mean to say that these cases were such as are usually denominated placenta prævia, where the site of the placental attachment is partly or wholly over the os uteri, but only that a condition existed, belonging to both cases, *viz.*, that on examination there was extensive hæmorrhage, and a placenta occupying the os uteri.

Such cases as I have narrated are extremely rare; I have searched the works of numerous obstetricians, and have been unable to find such.

Dangerous as accidental hæmorrhage is, and more so accidental concealed, I should say that hæmorrhage arising from causes such as I have narrated is much more dangerous, because, when one child is in utero, we usually get good uterine contractions set up, and consequent closure of the mouths of the uterine sinues; but, in cases of twins, there is often a considerable period of time between the birth of the first and the second child, and so we can easily see the extreme danger that might arise were the first placenta to become detached, and the uterine action to cease. One can fancy with horror such a case.

Now as to treatment. I did not lose any time when the urgent symptoms were declared. In the first case I "turned and delivered," giving ergot, and stimulating the uterus to contract by manual frictions

over the abdomen. In the second, I followed Professor Simpson's plan, and detached the entire placenta, and followed out similar secondary treatment to that in the first place. (*Trans. London Obstet Society.*)

REMARKABLE LOBULATED TUMOR OF LABIUM, UNDER THE CARE OF DR. HENRY A. GRIME, Blackburn. Reported by Mr. JOHN AUKMAN. (*Glasgow Medical Journal*, Feb., 1871.)

OCTOBER 3rd, 1870. M. G. Pigeon Hall, Mellor, aged 41 years, has suffered for some time from an enormous tumor of the right labium majus, of which the following is the history and description. The patient has always enjoyed excellent health. During the excessive heat of the past summer, the size and weight of the tumor gave rise to some symptoms of general debility, never, however, so great as to prevent her following her usual occupation—that of a washer-woman. Beyond occasional difficulty in micturition, it has caused no inconvenience. She is unmarried, but nineteen years ago bore an illegitimate child.

Described generally, the mass consists of a number of tumors attached to one another, or to a common pedicle, which, in its turn, is attached to, or rather lost in, the right labium. Three of the larger ones are attached to the pedicle in a plane from before backwards, of the smaller ones, two are situated on the inner and one on the outer side of the larger ones close to the pedicle.

The anterior of the larger masses seems to have been the first in order of growth. It is now between six and seven years since she first noticed it as a hard lump on the skin of the labium. Since then its growth has been slow, but regular, and never at any time attended with pain. Its present length, from the root of the pedicle, is 13 inches; its greatest circumference 25 inches, and its length from the common pedicle 10½ inches.

The second mass in order from before backwards, as well as in order of growth, took its origin from the inner side of the neck of the first growth, after its predecessor had attained a considerable size, though the exact date cannot accurately be stated. It is the smallest, and at the same time the most perfectly nodulated and firm of the larger growths. From the root of the pedicle to its extremity, it measures 19 inches, while its greatest circumference is 11 inches, and its actual length from its origin in the pedicle 5½ inches.

The third and posterior of the large growths took origin about six months ago from the pedicle at the posterior outer angle of its junction with the preceding tumor. It is the most perfect pyriform of all, and its growth has been the most rapid, having already attained the following dimensions: From root of pedicle to the extremity of the mass, 17 $\frac{1}{2}$ inches. Actual length from neck, 9 inches. At the distal extremity of this tumor there is an ulcer about the size of a crown-piece, with perpendicular edges, glazed on the surface, and discharging a little imperfect pus. It commenced as an abrasion, and has gone on ulcerating, never showing any attempt at healing.

The smaller tumors are situated as before indicated, and vary from 3 inches by 2 to 1 $\frac{1}{2}$ by 1. They have not as yet developed distinct pedicles, but seem buried at their bases in the common attachment.

The surface of the tumors has the appearance of mucous membrane long exposed to friction, and reminds one strongly of the mucous membrane of the vagina, reflected over the uterus in a long-standing case of proclivita. Numbers of veins are seen on the surface, varying in quantity in the different tumors. On palpation, the superficial parts of all the tumors feel soft and fleshy, while the deeper parts are hard, fibrous, and nodulated, the relative proportions varying in the different tumors. All of them beyond their origin in the pedicle are insensitive.

The pedicle is a flat band, measuring 3 $\frac{1}{2}$ inches in breadth at the base, and reaching its narrowest part about 2 inches from the base, where it measures 1 inch less. It is nowhere more than $\frac{3}{4}$ of an inch in thickness. The surface is moist and rose-colored, partaking on its inner side of the character of mucous membrane, and on its outer of skin. It is sensitive, and this increases as its base is approached. In its anterior third it is soft and skin-like, but the posterior two-thirds are thicker, and contain a firm, fibrous-like tissue intimately connected with the tumor, and lost in the substance of the labium. One large vessel about the size of the radial could be traced in the pedicle by its pulsation, and several smaller ones, but none in the tumors.

October 6th.—The narrowest part of the pedicle was ligatured this afternoon (4 P.M.) It was divided into three portions, by double-threaded needles. Patient suffered a good deal during the operation. Had 1 grain mur. morph.

7th, 4 P.M.—Dr. Grimo visited patient, and found her in a state of very great danger from shock, almost pulseless, lips pale, surface cold, etc. It appeared, on inquiry, that she had suffered exceedingly

for some hours after ligature. To have brandy and beef-tea freely. The tumor was black and perfectly dead.

8th, 4 P. M.—Great improvement. Tumor was removed by knife below ligatures, and cloths, soaked in perchloride of iron, applied to the cut surface. On removal, although much decomposed, it weighed $16\frac{1}{2}$ pounds.

9th, 4 P. M.—Very much better.

12th.—Still improving. appetite returned. The small portion of the pedicle left has withered. None of the ligatures are as yet loose.

All the ligatures but one cut their way out in about fourteen days, and the last was removed at a later date.

November 30th—Patient is long since well, and has been following her occupation as previously. The parts are all cicatrized, and the portion of the pedicle left much decreased in size, and apparently undergoing absorption.

TREATMENT OF CHOREA BY HYDRATE OF CHLORAL:—Dr. Althaus in the *Medical Times and Gazette*, says:—If patients suffering from chorea are placed in favourable general and hygienic circumstances, and a tonic is given at the same time, recovery is the rule. For six months past the cases of chorea which have come under Dr. Althaus's care were so divided that the first was treated with chloral, the second with zinc, and the third with the ferro-arsenical mixture. Excepting one, they all recovered within from three to ten weeks, there being a slight difference in favor of chloral. The one exceptional case was that of an adult male, aged thirty-two, who suffered, in addition to the chorea from epileptic seizures, his father had suffered from epilepsy, while his mother had been highly hysterical, so that the case was unfavorable from the first. The chorea came on when the patient was seven years of age, and has rather increased than diminished of late, having resisted a variety of remedial measures. It is now most severe in the lower jaw, whereby the patient is often prevented from speaking, being only able to ejaculate, as it were, single words at intervals. In the hands it is sometimes so bad that the patient cannot feed himself, and the legs are often so unsteady that he falls on his back when he attempts to stand or walk. After bromide of potassium, arsenic, zinc, silver, gold, and other nervines had proved ineffectual chloral was given, with the following results. Doses of ten grains twice or three times a day act as a temporary stimulant, the patient feels fresher, steadier, and better able to exert himself. From twenty to twenty-five grains produce, apparently, attacks of *petit mal* and great torpor of the brain for several days consecutively. As the patient cannot take any alcoholic stimulants without immediately feeling an increase of unsteadiness, and greater liability to epileptic seizures, he finds the stimulant effects of the smaller doses of chloral extremely grateful. These effects, however, are quite temporary, and do not extend beyond four or five hours after the dose has been taken.

The Canadian Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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

TORONTO, OCTOBER 2, 1871.

CUNDURANGO BARK.

We have just received a letter from Bliss, Keene & Co., 60 Cedar Street, New York, in reference to this new remedy for cancer, syphilis, &c. They are now prepared to supply the Bark to a limited extent, at the rate of \$30 per lb, in quantities of not less than $\frac{1}{2}$ lb packages. Dr. Bliss, the senior member of the firm, promises to write us soon and give his experience thus far with the new remedy.

We hope to receive $\frac{1}{2}$ lb of the ground Bark in a few days, and we will seize the first favorable opportunity of testing its value in the treatment of cancer. The Doctor states in his letter to us that it is not a panacea, but a wonderful remedy, and his faith in its value is daily increasing. The cases of cancer that have most rapidly improved are those of Scirrhus Epithelial and Cauliflower varieties. The Fungus Hematodes yields more slowly to the remedy. He also states that from the experience of eminent Physicians of Quito, and his own knowledge of its efficacy thus far, it is quite as reliable a specific for Cancer, Syphilis, and other blood diseases as Peruvian Bark and its alkaloids have proved to be in Zymotic diseases. The following are the directions for its preparation and use:—

Weigh out one half ounce of the powdered bark, place it in a vessel, pour upon it twenty-four tablespoonfuls of cold water, cover it and let it stand one or two hours, then place it over a slow fire, boil until the decoction is reduced to one half the original quantity, strain and place it on ice, or in some cool place, to prevent fermentation.

Dose for adult, two tablespoonfuls, before taking food, children in proportion to age.

The effects of the remedy will not ordinarily be apparent until a period of five to ten days has elapsed, when usually the typical symptoms of the disease begin gradually to subside; if they do not, the dose should be increased, and if necessary four tablespoonfuls may be taken; if taken by aged or feeble persons, the remedy will occasionally produce muscular languor, when the dose should be lessened and graduated according to the necessities of the case.

Persons suffering from great debility should take one grain of sulphate of quinine three times daily, immediately after taking food, for several days consecutively, continuing to take the Cundurango as before.

If the patient be so reduced as to suffer from severe and exhaustive night sweats, ten to fifteen drops of aromatic sulphuric acid ("sour drops") should be taken in a wineglass of water daily, in the morning, at noon, and just before retiring, with the quinine before directed, when necessary.

If by reason of severe physical suffering the patient has contracted the habit of using opium in any form, it should be withdrawn gradually, as soon as the absence of pain will permit. Great care should be exercised to secure cleanliness of the decubid parts, or ulcers, if any exist, by frequent cleansing, once, twice, or more times daily with warm water. Immediately after each cleansing the ulcer should be thoroughly sprinkled with the powder of the Cundurango bark, made very fine by sifting it through a very fine piece of gauze.

If the ulcers are internal, and can be reached, they should be thoroughly cleansed with warm water, and some of the decoction of the usual strength injected once or twice daily.

The efficiency of the Cundurango injection will be increased by adding, to each four tablespoonfuls, five grains of crystallized carbolic acid.

The patient should, if practicable, take exercise in the open air once daily, and partake freely of nutritious and easily digested food.

Constipation should be relieved by the ordinary remedies. Severe cases, and those presenting special symptoms, should be placed under the care of an intelligent Physician while taking the Cundurango, in order that they may be met and treated by the usual means.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF
IRELAND.

Through the kindness of a Medical friend of this city, we have received the 29th annual report of the above society for the year 1871. This society was founded in 1842. Its object is to afford relief to Medical men under severe and urgent distress, occasioned by sickness, accident, or any other calamity, and also for the relief of widows and orphans of Physicians and Surgeons. In looking over the list of donations and bequests, we observe the names of several men of high professional eminence. The list is headed by a donation of £100 from Her most Gracious Majesty the Queen, and H. R. H. the late Prince Consort. We also find the names of Dr's. Banks, Stokes, Carmichael, Cusack, Butcher, Kingsley, &c., &c., as contributors, each to the amount of £100, and upwards. The legacies and donations for the past year amounted to £217, and have been added to the society's capital which now amounts to £14,400. Auxiliary Branch Societies have been established in different parts of Ireland and British India, and the committee draw special attention to the amount of subscriptions remitted this year from their three Indian auxiliaries, Bombay, Madras, and Bengal, viz:—£156. The number of applicants for relief during the past year was 91. An analysis of these shows, 12 new applications, 15 Medical men, 72 widows, and 4 orphans. Nine of these were disallowed, and 82 approved. The entire sum given in grants amounts to £965.

We also notice a munificent offer of £1,000 to the society, by a gentleman signing himself "Nemo," on the conditions that £1,000 be raised in donations of not less than £50 each, within the period of six months, and from Practitioners residing in Dublin. In response to this, eight gentlemen have already subscribed the sum of £50 each. Donors of £10 and upwards at one time, or by instalments, are life members.

We have thus drawn the attention of the profession in Canada to this society, for we think that something of this kind should be instituted here. The members of the profession in Ireland, we are sure, are not rich, but they show an earnest willingness to assist each other, which is worthy of all commendation.

CANADA MEDICAL ASSOCIATION.

The fourth annual meeting of the Canada Medical Association, was held in the Laval University, Quebec, commencing on the 13th ult. The attendance was chiefly from Quebec and the Maritime provinces, Ontario being represented by only about five members. The Association continued in session two days; but scarcely any business of importance was transacted further than the appointment of officers for the ensuing year. Dr. Sewell, of Quebec, was elected President of the Association, and Dr. Grant, of Ottawa, Vice-President for Ontario. We have not yet ascertained the names of the officers for the other provinces. The contemplated Medical Act was under discussion, and the first two or three clauses passed, but its further consideration was postponed until the next annual meeting, which is to be held in Montreal.

NOTICE TO SUBSCRIBERS.

We would again most respectfully request such of our subscribers as have not paid their subscription fee to be kind enough to remit the amount at their earliest convenience. Those in arrears for Vol. III., will confer a favor by remitting during the present month. All arrears unpaid after the 1st of November will be collected through the agency of the Express Company.

APPOINTMENTS, &c.

Dr. J. H. Armstrong, M.R.C.S., L.S.A., late of England, has been appointed Lecturer on Theoretical and Practical Chemistry in the Medical Department of Trinity College.

Dr. W. H. Ellis, M.A., L.R.C.P., Lond., has been appointed Lecturer on Botany in the Medical Department of Trinity College.

Dr. Baptie has been appointed to the Chair of Chemistry in Victoria College; and Mr. E. B. Shuttleworth will give instruction in Practical Pharmacy.

Dr. McCallum, late of Tullamore, has been appointed resident Physician at the Toronto General Hospital. In future, this appointment will be made from year to year.

Dr. Lundy, of Amhershtburgh, has been appointed associate Coroner for the county of Essex.

Dr. J. G. Giles, of the village of Farmersville has been appointed associate Coroner for the united counties of Leeds and Grenville.

Henry Joseph Murphy, M.D., of Chatham, has been appointed an associate Coroner for Kent.

BOOKS AND PAMPHLETS RECEIVED.

NEW REMEDIES. A Quarterly Retrospect of Therapeutics. Pharmacy and allied subjects. Edited by Horatio C. Wood, Jr., M.D., and published by Wm. Wood & Co., New York, at \$2 per annum,—50 cents each.

The present number comprises 84 pages of reading matter, and contains a great many good selections on Therapeutics, Materia Medica, and Toxicology, also a number of useful prescriptions, formulas, receipts, &c., &c. This publication will be found a valuable work of reference to the busy practitioner, and also of much importance to druggists and others engaged in medicine.

THE CANAL AN MAGAZINE for August. Edited by Robt. Ridgeway. Annual subscription, \$2.

This magazine contains a number of well written and very interesting articles from different authors, and is well worthy a place in every household in Canada. In the July number commences a novel, entitled, "HANNAH," from the pen of Mrs. Craik, author of John Halifax, Gentleman. This novel is very interesting, if on no other account than that of its being based on the now famous question of "marriage with a deceased wife's sister."

THE MEDICAL WORLD. A Monthly Journal of Medical Science. Edited by Reuben A. Vance, M.D.; and published by Wm. Baldwin & Co., New York; at \$1,50 per annum.

It contains about 40 pages of reading matter, among which are some good selections, and careful, well-written, original articles, on various subjects. We wish our new contemporary every success.

UTERINE CATARRH—a frequent cause of sterility—new treatment, by H. E. Gantillon, M.D., Boston. James Campbell, price 50cts.

The author treats of the causes, symptoms diagnosis and treatment of this affliction in a very practical way, and his suggestions as to treatment are very good. He appears to have paid considerable attention to this department of medicine, and this work is the result, in a great measure, of his own investigation and practical experience in the treatment of uterine affections.

The Thirteenth Annual Report of the Medical Superintendents, of the Provincial Hospital for the insane, Halifax, Nova Scotia.

COLOR BLINDNESS and its acquisition through the abuse of alcohol and tobacco, by R. H. Derby, M.D., late Assistant Surgeon of Prof. Von Græfe, at Berlin, reprinted from the New York Medical Journal. March, 1871. New York: Appleton & Co.

The American Journal of Obstetrics and Diseases of women and children for May, 1871. Wm. Baldwin & Co., Publishers, New York. Copp, Clark & Co., Agents, Toronto Dawson, Bros., Montreal.

This is the first number of Vol. IV. It is issued quarterly, and has been lately increased in size to 197 pages, making a volume of 768 pages. The present number contains many very interesting papers on obstetrical subjects. Subscription price, \$5.00, in advance.

TRANSACTIONS of the Indiana State Medical Society, Twenty-first Annual Session, 1871.

This pamphlet comprises about 240 pages, and contains excellent articles on various subjects connected with medicine, surgery and midwifery, and is well worthy of a careful perusal.

THE OPHTHALMOSCOPE, in the treatment of Epilepsy, by Reuben A. Vance, M. D., Bellevue Hospital. Appleton & Co., New York.

AMPUTATION OF REDUNDANT SCROTUM, in the treatment of Varicocele, illustrated with a new instrument, by M. M. Henry, M. D., Surgeon New York Dispensary, &c. T. W. Christern, New York.

SYPHILITIC EPILEPSY, by Reuben A. Vance, M. D., Bellevue Hospital. T. W. Christern, New York.

THE MODERN OPERATION FOR CATARACT, by R. H. Derby, M.D., Lecturer on Ophthalmology, Massachusetts Eye and Ear Infirmary, Boston.

REVIEW OF DARWIN'S Theory of the Origin of Man, by James B. Hunter, M. D. Appleton & Co., New York.

THE FIBRINOUS CRISIS, caused by loss of albumen from the blood, by Rollin R. Gregg, M. D., Buffalo, N. Y.

BOOK NOTICES.

CHEMISTRY.—General, Medical and Pharmaceutical. By John Attfield, Ph. D., F.C.S., Prof. of Practical Chemistry to the Pharmaceutical Society of Great Britain. From the second and enlarged English edition. H. C. Lea, Philadelphia. Copp, Clarke & Co., Toronto.

This manual, which is about the size of Fowne's Chemistry, is intended as a systematic exponent of the general truths of chemistry. The chemical notation of the work is in accordance with modern theories. It differs from other text-books in the following particulars: first, in the exclusion of matter relating to compounds which, at present, are only of interest to the scientific chemist; secondly, in containing the chemistry of every substance recognized officially or in general, as a remedial agent. A few leading properties of the elements are first referred to, followed by a consideration of the relation of the simple and compound radicals. The chemistry of substances naturally associated in vegetables and animals is next considered. Toxicology, and the chemical and microscopical characters of morbid mine and urinary calculi, are next referred to at considerable length.

The subject of chemical notation, atomic weights, and valence is very clearly and comprehensively explained; and numerous tables are given, exhibiting the various reactions in practical chemistry. It will be found a most valuable book for pupils, assistants, and others, engaged in medicine and pharmacy, and we heartily commend it to our readers.

MANUAL OF MIDWIFERY. By Alfred Meadows, M.D., M.R.C.P., Lond., Physician to the Hospital for Women. First American, from the Second London Illustrated Edition. Philadelphia: Lindsay & Blakiston Toronto: Copp, Clark & Co. Price \$3.00

This is a most convenient practical and concise work on the subject of Midwifery. It is specially designed for students; but it will also be

found of equal value to the actual practitioner. The Second London Edition of which this is a reprint, has been revised, enlarged, and very much improved. It contains upwards of 90 new engravings, and is furnished with a very full and complete table of contents and index. The first part of the work comprises the anatomy and physiology of gestation and the structure and development of the ovum. The second part embraces the whole subject of pregnancy, its signs and symptoms, and the various deviations from normal pregnancy. The 3rd part considers Natural Parturition and the phenomena and management of natural labor. In the 4th, 5th, and 6th parts the various obstetric operations are treated of, unnatural and complex labors, &c., and lastly some of the principal diseases of the puerperal state are described in such a manner as to impress upon the student the leading characteristics, which should awaken his attention at the bedside. We commend this manual to students and the profession generally.

A PLEASANT REMEDY FOR SEA-SICKNESS.—There have been suggestions made as to the prevention of sea-sickness, none of which have, to say the least, been found completely successful in practice. The introduction into practice of hydrate of chloral, which produces with certainty sleep for a definite number of hours, has suggested the means of escaping the horrors of a short sea passage at least, and possibly of mitigating the most prolonged horrors of sea-sickness. To go asleep at Dover, and wake to find one's self at Calais, is a plan which, failing other expedients, has in it much promise. An ordinary dose of hydrate of chloral produces sleep usually in a quarter of an hour, and with almost unfailing certainty. Some cases just published by Dr. Doring, of Vienna, seem to show that the value of hydrate of chloral to obviate sea-sickness is very great. It produces quiet and prolonged sleep. In all the instances recorded, it seems to have been of great value, even during prolonged sea voyages, giving good night's rest, arresting violent sickness when it had set in, and stopping the tendency to its recurrence. —*British Medical Journal.*

IODIDE OF POTASSIUM IN ASTHMA — Dr. G. Urbee of Kiel states that he has found iodide of potassium of great use, exhibited by itself in asthma, confirming the statements of Hyde Salter, that about one-fifth of such cases are benefited by its use. —*Deutsches Archiv. Fur Klinische Medicin.*