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# CANADA

## MEDICAL & SURGICAL JOURNAL.

### ORIGINAL COMMUNICATIONS.

*The Elastic Band in Tenotomy. Successful Case of Operation for Talipes Varus.* By A. A. HENDERSON, M.D., C. M., Ottawa, Ontario.

A short time ago, I was sent for to see Willie T.— a healthy, well developed child, aged twenty months, perfectly formed in every respect with the exception of deformity of the right foot. I was informed that an operation had been performed upon the foot eleven months previously, and that the usual kind of boot for such cases had been worn by him, but without any beneficial result.

*Condition Previous to Operation.*—Upon examining the foot I found the heel well depressed, the tendo Achillis having been divided at the previous operation. The inner margin of the foot, however, was drawn upwards and the anterior portion twisted inwards to such an extent that at any attempt to walk, the dorsum of the foot pressed upon the ground. I then examined the tendons with a view to operation and found that the tendon of the tibialis anticus was the cause of the deformity, and that in this case it could be divided most easily just above the ankle joint.

On Dec. 3rd 1875, assisted by Dr. Sweetland, I operated without chloroform. The foot was firmly held in position by Dr. Sweetland while I divided the tendon of the anterior tibial muscle above the ankle joint in the usual manner.

The puncture was covered with adhesive plaster, and the foot secured in position by means of a broad strip of plaster placed around it just behind the toes, having a smaller strip inserted so as to form a loop at the outer mar-

gin of the foot, just at the root of the small toe. Another broad band of plaster with a loop formed at its outer portion was placed around the leg above the knee.

These loops were then connected by an elastic band, composed of two pieces of rubber tubing, attached by means of a hook to the loop at the root of the small toe, and by means of a loop with tape attached to the plaster above the knee. The tape was found a great convenience as a means of regulating the amount of tension required from the rubber.

No boot was worn for fourteen days, and during that time the child was not allowed to walk. The sticking plaster was renewed from time to time as it became partially detached, and the tension of the rubber was carefully regulated. At the expiration of that time the child was allowed to walk, but instead of putting on a Scarpa's shoe, I selected a light boot such as is usually worn by children, and still keeping the band of sticking plaster around the foot, I passed the loop out through an incision which I made at the outer margin of the boot, and hooked the elastic tubing into it. By this means the foot was prevented from turning in the boot. The other end of the elastic was secured to the back of a belt passed around the waist, and kept in position by passing through a keeper situated at the outer and posterior part of a band passed around the thigh. This enabled the child to walk without the possibility of displacing any of the fastenings, and exercised a proper amount of traction, and in the right direction. The child walked readily with the toes everted, and the sole of the foot placed properly upon the ground.

The result of the operation is very satisfactory, and although the elastic is still worn as a precaution, yet without it the position of the foot is quite normal, and its movements are such as they ought to be.

*Remarks.*—The advantages of the elastic band in the treatment of muscular contraction are marked, and its action in this particular case is very satisfactory. The age of the child necessitated a moderate amount of traction in order

to retain the foot in a proper position, and this was managed by using double tubing.

Having tape attached to one end of the rubber is a decided advantage, as by means of it the power exercised as a tractor can be perfectly controlled. The position of the foot treated by the elastic band can be kept more perfectly under control than can be done by a boot, as any amount of traction required can be obtained in any requisite direction.

The elastic must be worn until the cure is perfected, and apparently but little inconvenience is felt by the child, as the power of standing, walking, or even running seems to be but little interfered with by it.

Ottawa, Jan. 5th, 1875.

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*Notice of the recent Researchs on the Pathology of Small-pox.*

By WM. OSLER, M.D., L.R.C.P., LOND., Professor of Institutes of Medicine, McGill University.

The laudable endeavours of Pathologists to obtain evidence of the presence of some of the lower forms of vegetable life in connection with the infectious diseases are being yearly rewarded. In Splenic fever of animals, in Diphtheria, Relapsing fever, Typhoid, and Erysipelas organisms have been discovered which are supposed to have a casual relationship to the diseases in question, though by opponents of the germ theory they are regarded as pathological results or accidental accompaniments.

Within the last eighteen months two investigators, one working at ovine, the other at human small-pox, have shown that this disease must be included in the list, since definite organisms occur in connection with it, and the following brief account of their investigations, chiefly in the author's own words, may be interesting to the readers of this Journal.

Dr. Klein (*Report of Med. Officer of Privy Council*), experimenting upon sheep, produced both a general and local eruption: in the one case by the injection of the virus into the veins, in the other by the inoculation of it under

the skin. The lymph used contained many transparent spheroidal bodies, arranged in groups or in necklace-like chains, together with Micrococci and ordinary rod-shaped Bacteria. On keeping the lymph for some time at incubation temperature (98° Fahr.) the transparent spheroidal bodies divided and sub-divided, producing chain-like aggregations, or long, smooth filaments; the product in either case bearing a striking resemblance to the dense network of filaments forming the mycelium of the common fungus.

Dr. Klein describes the process in the local eruption as beginning in the *rete mucosum* and papillary layer of the corium by an enlargement and germination of the cellular elements in these localities. Then the lymph spaces in the corium became dilated, more distinct, the lymphatic vessels originating from them being readily traced owing to their distension. About the third day, spheroidal bodies like Micrococci, and branched filaments made their appearance in the dilated lymph vessels of the corium, and in a few days the process had advanced to such a degree that almost all the lymphatics in the affected part were filled with a fungus-like growth, consisting of a dense felt-work, or mycelium, the undivided filaments of which broke up at the ends into conidia or spores. While this was going on a precisely similar growth took place in the cells or cavities which form in the *rete mucosum* at the time of vesiculation. The process attained its height before pustulation came on, and was identical in the pocks of the general eruption.

Dr. Weigert, of Breslau, working at the subject in man, describes first the appearances in the skin, and then in the internal organs (*Centralblatt, f. d. Med. Wiss. Feb. 27, — Dec., 1875*). In the former situation Bacteria were always found in the neighbourhood of the pocks, sometimes directly under the central degenerated parts, occurring in sharply bounded tubes with an endothelial lining; but whether these were lymph or blood vessels could not be decided. In addition larger and smaller colonies, more diffusely arranged, were present. They were only found in the early stages before profuse suppuration came on.

In the internal organs, Liver, Spleen and Kidneys, the author describes small, sharply bounded, tubular structures filled with Bacteria, identical with those found in the skin. The cells in the neighborhood of these degenerate, their nuclei disappear, and small groups, about the size of miliary tubercles are formed. This is in the early stage of the disease. Suppuration takes place later with disappearance of the Bacteria.

Dr. Weigert is inclined to regard these as structures analagous to the pocks on the cuticle, and believes that for the first time proof is here offered in an acute exanthem of a process going on in the internal organs similar to that in the skin. As far as can be gathered from the account, the Bacteria correspond rather to the Micrococci occurring in Diphtheria than the rod-shaped forms of putrefaction.

The author is of opinion that the destructive effect of the Bacteria is due to some chemical action on the tissue causing necrosis of the cell elements, while inflammation with suppuration follows as a secondary effect.

The two accounts which we have here of the pathology of ovine and human small-pox (in their essence similar) are by no means concordant. In the one we have a remarkably full and clear description of the development of an organism going hand in hand with the development of the lesions characteristic of the disease, and it seems hard to believe that the relationship between the two is not that of cause and effect. In the other, human small-pox, the account is much less complete, and though tube like aggregations of Micrococci occur, like those described by Dr. Klein in the ovine disease, we have no record of the growth, development, and fructification of these bodies. Nevertheless these form most valuable contributions to our knowledge of the intimate Pathology of this disease, and Dr. Klein's research especially places the germ theory on a basis which heretofore it has not possessed.

*The Antipyretic action of Salicylic Acid.*

Dr. Fürbringer (*Centralblatt, f. d. Med. Wiss. No. 18, 1875*;) found that the administration of this remedy in health to guinea pigs and men caused no deviations in the temperature.

In septic fever, artificially produced in guinea pigs, salicylic acid caused a marked reduction in the temperature, the effect in most of the cases being evident in from 2-6 hours after the administration of the medicine. In inflammatory fever produced artificially in the same animals the results were not so striking, but the experiments were few in number.

Dr. Buss (*Centralblatt, No. 18, 1875*;) in a short notice strongly recommends salicylic acid for its antipyretic action, alone, and in combination with quinine; and states that it possesses no unpleasant peculiarities, such as causing collapse, delirium, &c. He gives it in doses, according to the intensity of the fever, from 4-8 gms (5I-5II) at a time, and has so employed it with the best results in typhoid fever, crysipelas, and acute rheumatism.

Moeli (*Berl. klin. Wochenschr, quoted in Centralblatt, No. 53, 1875*;) states that the sodium salt of salicylic acid, which according to Kolbe's investigations does not possess antiseptic properties, acts in a remarkable manner as an antipyretic, both in infectious and inflammatory fevers.

4-5 gms is sufficient in light cases to produce a great reduction in the temperature; in severer cases it is necessary in order to obtain a temperature reduction of 1. 5-3 ° C to repeat the dose in a few hours (4-16). The action is more intense if the remedy is taken at the time of the spontaneous temperature reduction. Commonly the antipyretic effect lasts 24 hours, and in about half the cases the fall in temperature is accompanied with copious sweatings. The author has never observed any evil consequences follow the administration.

Occasionally transitory vomiting came on, but no further gastric or intestinal troubles.

The medicament proved active also when given by the rectum in larger doses, less so of course than when administered by the mouth. A prompt effect was evident with subcutaneous injections, in spite of the inconveniently large quantities which had to be injected. Of six healthy persons who had each taken 4 gms in concentrated solution, three vomited, the rest remained wholly unaffected; likewise three others who had taken similar doses per anum.

Wolffberg (*Deutsch Arch. f. klin. Med. quoted in Centralblatt No. 53, 1875*) finds, from experiments in Ziemssens clinic, that in typhus the salicylic acid, taken in single doses of 4 gms, only exceptionally reduced the temperature; with 6 gms it did so as a rule, but only transitorily; while the continual use of 2 gms daily in watery solution had no effect whatever. From these results the author ventures to conclude that to salicylic acid only a slight and untrustworthy antipyretic action must be ascribed. The author advances a number of facts to show that the administration of salicylic acid in substance, either in powder or suspended in water is not, as Buss (see above) maintains, without risk. One patient to whom 2.5 gms had been given in powder, so that it was with difficulty swallowed showed on the next day a hæmorrhagic Pharyngitis. The post mortem examination of two typhus patients who had taken the powders revealed numerous hæmorrhagic erosions in the mucous membrane of the stomach, which in one of the cases extended into the duodenum. Similar appearances were found in the bodies of three patients who died of phthisis, to whom, *experimenti causa*, in the last period of life salicylic acid in powder had been administered. A dog also to which 2 gms of salicylic acid enveloped in bread was given, and in addition an injection of 2 gms to 40 of water, had after death numerous hæmorrhagic ulcers in the stomach, duodenum, and rectum.

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#### *Chloral-hydrate in Ozena.*

A solution of chloral-hydrate in water in the proportion of 2 parts to 250, is highly recommended in Ozena. It is employed by irrigation.—*Pacific Med. and Sur. Journal.*



## Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE  
MONTREAL GENERAL HOSPITAL.

*Case of Cirrhosis of Liver.* Under DR. ROSS. Reported  
by MR. R. L. MACDONNELL.

P. M., æt. 61. Admitted Oct. 31, 1875, a very stout, plethoric individual. For last 3 months has had swollen feet, cough, dyspnœa, and brickdust deposit in urine. A month ago had ascites, which was soon followed by icteroid discolouration of skin and conjunctiva. Within the last two or three days has had hæmatemesis, and last night was delirious. Bowels have been rather loose and urine scanty.

Family history excellent. Has never had syphilis. Has been a very hard drinker for last five years.

Dull and stupid manner, voice thick; not at all inclined to answer questions or impart information. Skin and conjunctiva moderately jaundiced. Respiration hurried and difficult, little cough or expectoration. Moist rales over the right lung and base of left, dulness at both bases.

Pulse 124, moderately full and very compressible. Heart healthy; tongue moist and brown; no appetite; frequent hæmatemesis, but not involving much loss of blood. Bowels loose, fæces greenish and watery, lower extremities œdematous. Abdomen much enlarged. Fluctuation well marked from side to side. When supine position assumed clear percussion in umbilical and hypogastric regions. Dulness varies with position, superficial abdominal veins enlarged. Passes urine and fæces involuntarily. Urine is scanty in amount, of a dark colour, acid reaction, sp. gr. 1020, and deposits very little sediment at all, contains no albumen, blood or bile pigment.

Ordered. ℞ Inus. Digitalis ʒii every 4 hours.

*Nov. 1st.* Delirious last night. Breathing becoming stertorous. Frequent vomiting of blood. Pupils contracted.

Involuntary passages of urine and fæces. Pulse 120, weak and compressible. Ordered Pulv. Jalapae Co ʒi statim.

*Nov. 2nd.* Died at 4 A.M.

*Autopsy.* Eight hours after death. Heart and pericardium healthy. Pleuræ adherent at many points. Right lung intensely congested except at upper lobe. Left lung congested at lower lobe. Mucous membrane of stomach reddish and congested. Abdomen contained five quarts of ascitic fluid. *Liver* capsule opaque, closely adherent. Surface light yellow in colour, covered with small protuberances of different size. Organ itself hard, tough, and leathery, much reduced in size and weight (2 lbs. 10 oz.) Gall bladder partially filled with greenish bile. Spleen enlarged and congested (weight 14 oz.) Kidneys, slightly congested. Capsule non-adherent. Surface mottled with minute echymoses. One or two small cysts.

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*Case of Cirrhosis of Liver.*—Under DR. ROSS. Reported by Mr. R. L. MACDONALD.

Jacques Archer, æt 42; admitted October 28th, 1875, a painter.

Has never been ill until about a month ago, when he noticed slight puffiness about the ankles, followed immediately by progressive enlargement of the abdomen. About twelve days ago the urine became scanty and of a bright red colour, with a large deposit of lithates and lithic acid. Four days ago had a slight attack of hæmatemesis. Has never suffered any pain. Now and then has had a little bleeding at the nose. Coughed a good deal before admission. Bowels have been irregular. Had gonorrhœa and syphilis about twenty years ago, not followed by evil consequences. Family history excellent. Though he strenuously denies it, he has probably been a very intemperate man.

*Present Condition.*—Skin dark but not jaundiced. Pulse 92, small compressible; cough trifling. Expectoration

small in quantity, mucous. No dyspnoea. Lungs healthy. Heart quiet. Cardiac dullness normal. Systolic murmur rough in character, loudest at base and prolonged up the aorta. Pulsation at wrist barely visible. Tongue clean. Appetite fair. No nausea or vomiting. Bowels rather confined. Abdomen immensely distended. Superficial abdominal veins prominent. The swelling fluctuates, bulges at sides, and is dull on percussion, except at upper part, where a tympanitic note can be elicited. This area of clearness changes its site with the patient's position. Hepatic dullness normal. Spleen not perceptibly enlarged. Urine scanty, bright red with a large deposit of lithates, acid in reaction. No blood. No albumen. No bile pigment. Sp. Gr. 1020.

Ordered pulv. Jalapæ Co.  $\bar{\text{v}}$  statim.

*Oct. 30th.*—Has been thoroughly purged by the Jalap. Abdomen more lax; more comfortable. Amount of urine passed in 24 hours, 24 oz.

Ordered: Infus. Digitalis  $\bar{\text{v}}$  ter in die. Also 4 oz. Claret.

*Oct. 31st.* Tongue moist and slightly coated. Bowels confined. Urine 16 oz.

*Nov. 3rd.*—Ordered: R. Potassæ Ascetatis  $\bar{\text{v}}$ ; Tr. Scillæ  $\bar{\text{v}}$ ; Infus. Digitalis ad  $\bar{\text{v}}$ ;  $\bar{\text{v}}$  ss ter in die.

*Nov. 4th.*—Bowels loose. Urine 16 oz. Deposit considerably diminished.

*Nov. 5th.*—Urine 27 ounces.

*Nov. 7th.*—Two friends of the patient came to see him in the afternoon, and brought him two pint bottles of claret. He hid them in his bed, and at about 10 p.m. drank about a bottle and a half. He became extremely drunk, went out to the watercloset, and on his way back to bed was attacked with profuse hæmatemesis. He died a few minutes afterwards.

*Post Mortem.*—Twelve hours after death. Cadaveric rigidity extreme. Face livid. Conjunctivæ injected. Nose flattened from previous fall. Membranes of brain congested. Small quantity of subarachnoid effusion. Brain normal.

Pleurae slightly adherent above and below. No effusion. Lungs moderately congested, particularly at right base. Crepitant throughout. Pieces from all parts floated in water. Red, frothy serum exuded from cut surfaces. Pericardium contained a few drachms of fluid. Heart flaccid. Auricles full of dark coagulated blood. Left ventricle hypertrophied and a little dilated. Mitral valve slightly incompetent, and thickened. Aortic valves healthy. A flattened plate of calcareous matter, as large as a five cent piece, attached to inner surface of aorta, immediately above one of the semilunar valves; similar calcareous plates along the thoracic aorta. One, particularly large, at origin of the subclavian artery. Abdomen ascitic, the fluid measuring eight quarts. Peritoneum pinkish and congested. Long strings of lymph floated free in the fluid. LIVER (weight  $4\frac{1}{2}$  lbs). Capsule thickened and whitish, adherent to diaphragm and adjacent viscera; vessels of broad ligament enlarged and gorged with blood, one vein being particularly prominent. Surface of the gland of a moderately dark brown colour, studded with hard protuberances which combined to give it a puckered appearance. Hepatic substance on section hard and tough, shining white lines of connective tissue between irregular masses of dark brown lobules. The surface of a section altogether reminds one somewhat of the appearance of a slice of dark-coloured castile soap.

SPLEEN (7 oz.)—Capsule extremely thickened, with large white indurated patches. Substance congested. Omentum gathered together into finger-like lobules, binding the liver, stomach, spleen and pancreas into one mass, rendering it a difficult matter to separate one organ from another. STOMACH empty, contracted. No sign of congestion or inflammation except at cardiac orifice, where there was rather deep capillary congestion. Intestines healthy. Appendix vermiformis unusually long. Kidneys (6 oz. each). Capsule non-adherent. Surface smooth. Deep red on section, congested. Pyramids widely separated. Left kidney of an unusual triangular shape.

*Case of Fracture of the bodies of the 4th and 5th dorsal Vertebrae—Complete paraplegia—Recovery.* Under Dr. Ross. Reported by Mr. C. N. STEVENSON.

Louise L. aged 17, housemaid, was admitted into the Montreal General Hospital on 28th Sept. 1875, with loss of power in the legs, the result of a fall. It appears that on the 26th Sept. she was engaged washing windows in the second story of a house looking out upon a garden, when the ladder on which she stood gave way and she was precipitated to the ground. She thinks she was not stunned or rendered unconscious, and insists that she fell face downwards, striking violently upon something directly across the pit of her stomach. She tried to rise but could not and had to be lifted and carried into the house—She was very shortly after seen by a neighboring physician who found her completely paraplegic, the bladder also being involved. He had fly-blisters applied on the spine and to the backs of the legs.

On admission, there was complete loss of sensation and motion in both legs—there was also paralysis of the bladder and consequent retention, which had already necessitated the employment of the catheter. On examination of the vertebral column, very decided prominence was to be observed opposite the situation of the 4th and 5th dorsal vertebrae. Pressure in this situation was found to be exceedingly painful, causing at the same time sensations as of pins and needles running through the body in different directions. She has large blistered surfaces down the back and on the calves of the legs. These sores were dressed with zinc ointment—she was ordered an air bed, and to be cathetered twice daily.

*Sept. 30th*—Rested badly. Suffers a good deal of pain in the back. Pulse 125.

*Oct. 3rd*—Has had no movement of the bowels, still requires daily catheterization. Pulse 108. Ordered an enema.

*Oct. 6th*.—In spite of the air-bed, a slight bedsore is forming on the left nates. It was dressed with soap plasters. Pulse 108.

*Oct. 10th.*—Pulse 108. Temp. 100 5 a.m., 100 5 p.m.

*Oct. 11th.*—Early this morning had a rather severe rigor. Temp. 102 3-5 a.m., 100 4-5 p.m. Pulse 130. Rather more pain over seat of fracture. Ordered Emp. Bellad. to the back.

*Oct. 12th.*—Pulse 106. Temp. 99 1-5 a.m. 100 p.m. Has some incontinence, urine escaping involuntarily in bed.

*Oct. 16th.*—Pulse 88. Temp. 98 2-5. Has regained power over bladder and passes water voluntarily. Has also begun to regain some degree of power in her limbs.

*Oct. 18th.*—Improving. Is now able to turn over herself on either side—can move the toes and slightly raise either leg from the bed. Has more power in the left leg than the right.

*Oct. 20th.*—Urine passed easily and voluntarily. Bowels moved naturally without assistance. The bed sore and all the blistered surfaces are quite healed.

*Oct. 25th.*—Rapidly regaining power in the limbs. Was allowed to sit up in a chair for a short time to-day. Was ordered Pil. Rhei Co iij.

From this time improvement was steady and continuous in every respect, and by the *20th Nov.* she was able to stand and walk with slight assistance. Rapid advancement followed this and she was soon able to walk firmly without assistance and feels perfectly well. The vertebral prominence is as distinct as it was at first but free from all tenderness and quite consolidated. The deformity gives an odd appearance as though the shoulders were unnaturally square and the head somewhat sunk between the shoulders—was discharged cured 24th December.

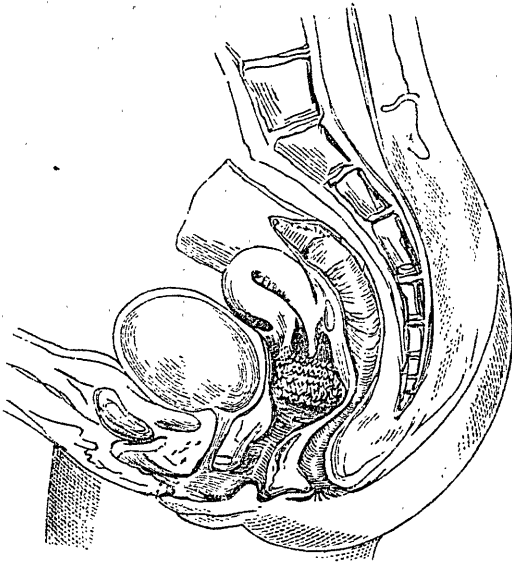
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*Case of Papillomatous Tumour of the Cervix Uteri, Removed by Galvanic Ecraseur.* By DR. FENWICK. Reported by J. D. CLINE, B.A., M.D., Assistant House Surgeon, Montreal General Hospital.

A. S., aged 28, married, by occupation a laundress, tall, stout, well-developed woman, was admitted into hospital on

Dec. 20th, 1875. Had always been strong. Never knew what it was to be sick. Had one child four years ago, and never been pregnant since. Had always been regular in menstruation until two months ago when she became unwell and remained so ever since. Hæmorrhage had been so great lately that she felt herself getting weak, and was subject to fits of giddiness. She had never suffered any pain till lately ; she had pain in her back and down her thighs.

On examination with the finger immediately felt a mass as large as a hen's egg, flat in surface, which was rough and



ragged, growing from the anterior lip of the cervix, its attachment being broad and sessile, the whole lip being much enlarged and thickened. The posterior lip and os uteri could be felt behind the growth by tilting it forward. The examination caused no pain. Upon introducing Sim's Speculum the growth was brought into view. The surface of it was covered with a bloody and slimy discharge, the removal of which disclosed a rough, ragged-looking surface

not so from ulceration but from enlarged papillae. The tumour lay somewhat obliquely across the bottom of the vagina, completely hiding from view the os and posterior lip.

Dr Fenwick judged from its appearance, the age of the patient and her general condition, that it was not malignant, but a benign papillary growth, and decided to remove it. This he did by the galvanic Ecraseur. Passing the loop of platinum wire around the tumour as high up as possible, he connected it with the electric conductors of a four-celled battery. The tumour came away in about two minutes, leaving a smooth, charred stump, without a drop of blood. The sides of the vagina were a little burnt, by the heat of the canulla through which the wire passed. This on another occasion could be avoided by winding silk around the canula. The patient had no bad symptoms after the operation. Now, at the end of three weeks, the sloughs have separated and the stump is rapidly healing. The discharge is very slight. It was rather offensive for a time for which injections of Condyl's Fluid were used. The tumour was examined by Dr. Osler who pronounced it to be not malignant but to consist of hypertrophied papillae, connective tissue and blood vessels.

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*Fracture of the Ulna, with dislocation forward of head of Radius.*

W. S., aged 22, was driving a butcher's cart, when the horse ran away and he was pitched out against a hydrant, the fore arm, which was flexed, striking the hydrant near the elbow. When brought to the hospital we found a fracture of the ulna, about two inches from the point of the olecranon, and a prominence in front of the point on the radial side. The patient could not flex the forearm. The head of the radius was readily returned to its proper position and retained there as long as the arm was well flexed. A posterior splint of gutta percha was applied, bent at an angle of about  $50^{\circ}$ , and a straight anterior splint was ap-



plied to the forearm. The hand was kept to the opposite shoulder by a triangular sling, and the whole arm steadied by a broad bandage. The patient was found to be syphilitic. He had a large serpyginous sore on left leg, and another on the fractured arm, and sores of the same character on his head, and nodes on both tibiae. He had contracted the primary sore four years ago, and eight months afterwards secondary eruptions and sore throat, with nocturnal pains in his bones. Proto-Iodide of Mercury Mixture was ordered for this syphilitic affection. In three weeks the splints were removed altogether, when tolerably firm union was found at the seat of the fracture. Passive motion was used, and in another week the motion of the joint was very good. He was now discharged with instructions to use the arm and apply friction. The syphilitic sores were by this time almost healed.

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*Case of Peritonitis. Calcareous concretion found in Appendix Vermiformis with perforation of it.*

W. S., aged 22, an ostler by occupation, was admitted into hospital on the evening of Tuesday, January 18th. He was a thin, spare man; had been in the habit of 'getting on sprees' frequently. On Saturday had had a chill, having been perfectly well before this. The chill was followed by a good deal of fever, pain in head, back, and thighs, and sickness at stomach. He had also complained of pain across lower part of abdomen, not well defined. On examining him after admission, found his tongue a good deal coated; pulse, 104°; temp. 104 2-5°. A good deal of tenderness in right iliac fossa, where no swelling was detected. Ordered a draught of Liq. Morph., and a linseed poultice over abdomen.

Jan. 19.—This morning found him very uneasy with pain in the region of bladder and extending down into testicles, and a great tenderness in same region, and frequent desire to micturate, but passing small quantities of urine, which

was very dark and with no deposit. Pulse 96, and soft; temperature 101°. Poultice to be continued, and the draught if necessary. Towards night the pain and tenderness was becoming excessive, and he vomited several times. The symptoms of general Peritonitis were now evident. I stopped the mixture, and ordered pulv. opii. gr. i. every three hours, and gave him at the time a hypodermic injection of gr.  $\frac{1}{4}$  of Morphia. Evening temperature was 102°; pulse 120, short and sharp.

20th.—Morning temperature 101°; pulse, 130, very wiry; expression of countenance very anxious; cold sweat on his forehead; vomiting worse, vomited matter being yellowish green. Tenderness of abdomen very great, and abdominal walls very hard; could scarcely bear the weight of poultice. I now gave him instead of opium, by mouth, Morphia gr  $\frac{1}{4}$ , hypodermically every two hours; ordered a sinapism to epigastrium, and ice by mouth with milk, which had been his only diet throughout, in small quantities frequently.

At 1 p.m., Dr. Fenwick saw him, and ordered champagne by mouth, but made no further change in the treatment. His arms were now cold up to the elbow. The champagne he sometimes retained, and sometimes rejected. Towards night I gave him Sod. Bicarb. grs. 5, and Acid Hydrocyanic dil mij every two hours, and continued the morphia injections every 2 hours. Temperature this evening 99 2-5°; pulse 140.

21st.—Towards morning he vomited very little and slept some. Temp. 108 2-5°; pulse 140. His pupils, notwithstanding all the morphia he had taken, were not very much contracted. Through the day he became at times slightly delirious and would attempt to get out of bed, but was easily quieted. At 5 p.m., just after I had left the ward, he suddenly became furiously delirious, could scarcely be held. Snapped at my hand with his teeth. At the same time his pulse became almost imperceptible and his pupils widely dilated. After a furious paroxysm of about two minutes, he sank back and died at 6 p.m.

AUTOPSY 36 hours after death. Found a quantity of purulent fluid in the cavity of the peritoneum, and signs of inflammation of this membrane all over it, particularly in the neighborhood of right iliac fossa, where the intestines were covered with a very thick layer of fibrinous exudation. appendix vermiformis was adherent to the wall of abdomen, where there were the remains of a small abscess. On detaching the appendix found a sloughy perforating ulcer about the middle of it, and the lower half black and gangrenous. Just above the ulcer could feel a hard mass about the size of a bean. This mass when examined was found to consist of layers of what appeared to be hard faecal matter, with a hard, gritty nucleus about as large as a split pea, which effervesced on the application of an acid. There was great venous congestion of the membranes of the brain, which itself appeared normal.

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## Correspondence.

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SHERBROOKE, Jan. 22nd, 1876.

*To the Editor of the Canada Medical and Surgical Journal.*

SIR,—I send you for insertion in the JOURNAL the following paragraph from a letter written by a Medical Practitioner in the Eastern Townships, and published over his signature, in the columns of a local newspaper of large circulation. Being so published I think I am right in regarding the suggestion it embodies as professional property.

“ Within a short time it has, I find, been industriously rumored that at the time of the accident which caused his death, Mr. C. was intoxicated. Now, I can most positively assert this is not the case ; I was the first medical man who saw him and dressed his wounds, and in order to convince myself of the nature of the injury the brain had evidently received, I carefully examined (twice) the patient's breath, and though I am glad to say my sense of smell is particularly acute, I was unable to detect the slightest trace of alcoholic flavor.”

I have heard of “ smelling a mice,” but I never heard of

any of the great Fathers of Medicine, suggesting the *examination of the breath*, in order to ascertain the *nature of an evident injury of the brain!* It was reserved as the crowning glory of the last days of 1875 to promulgate, thus modestly, this inestimable discovery.

The idea is an original one, and deserves to be "*carefully examined (twice)!*" Of course a particularly acute sense of smell is indispensable; to ascertain the exact nature of the brain injury, and to distinguish between it—and alcoholic "*flavor!*"

I am, &c.,

E. D. WORTHINGTON.

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## Reviews and Notices of Books.

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*A Practical Treatise on Fractures and Dislocations.* By FRANK HASTINGS HAMILTON, A.M., M.D., LL.D., Surgeon to the Bellevue Hospital, New York, Consulting Surgeon to the Hospital for ruptured and cripples, &c., &c. Fifth edition, revised and improved; illustrated with three hundred and forty-four wood cuts; 8 vo. pp. 831. Philadelphia, Henry C. Lea, 1875.

This treatise first saw light in 1860, and since that period has deservedly occupied a prominent position as an authority on the subject of Fractures and Dislocations. It is undoubtedly the most reliable treatise on this subject in our language. Throughout it will be seen that the author has been a careful and painstaking observer, a faithful and conscientious seeker after truth. The record he publishes is an accurate and unvarnished tale. In keeping before the professional world this very excellent treatise, the author has been no idler, the subject has been to him one of more than ordinary interest, and from what he has produced we judge that much time has been devoted to the subject. It is no mere book compilation, while the author gracefully gives to

others their proper share of recognition, he at the same time records the observations he has himself made both in hospital and private practice.

The present edition has been considerably enlarged and has received an addition of twenty two illustrations on wood. The author has brought the work down to the present time, embodying many observations of practical surgeons, both European and American. In his report the subject of the diagnosis and treatment of fractures and dislocations has received some modifications. Dr. Hamilton very properly remarks that "there remains much to be accomplished, so much indeed, that no one who thoroughly understands the facts, and feels an interest in this branch of our science, will rest satisfied with what has been done, and hereafter cease to labor." Indeed the perfection in apparatus for the treatment of fractured bones has not been fully attained, nor is it attainable, although mechanical skill has done much to the improvement of apparatus for these lesion.

To the practical surgeon this work is an indisputable necessity, its teaching is reliable, and the style plain, clear and very readable.

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*The Histology and Histochemistry of Man.* By HEINRICH FREY. Translated from the fourth German edition by ARTHUR E. J. BARKER of Dublin. With 608 illustrations. 8vo., pp. 683. Appleton & Co., New York.

This is another of the many valuable translations of German medico-scientific works that have within the last five years issued from the English and American press. The author, Prof. Frey of Zurich, is well and widely known as an able and original investigator in Histology, and for some years past German students have had the advantage of two excellent manuals from his pen. One of these, "The Microscope," also translated into English, is a com-

plete hand-book of microscopic manipulation, entering fully into all the modern methods which have aided so much in the advancement of the science, and is moreover copiously illustrated. The other, the subject of the present notice, deals only with the chemical and histological elements of the body and the structure of the compound tissues, giving an exhaustive account of each, without touching upon the details of preparation.

The work opens with a short history of the origin and progress of microscopical science, containing useful references to the chief investigators and their works.

The consideration of the elements of composition is first taken up, a description of the members of the different groups being given in order. This part of the volume will be specially welcome to English students, as it contains a short plain account of the various organic chemical compounds, accompanied, where needed, by excellent figures.

There is nothing calling for particular comment in this section; the views given are those current among physiological chemists, and the author has wisely refrained from recording any but the essential facts relating to the subject.

By far the largest portion of the book is occupied with an account of the elements of structure and of the tissues of the body.

A description, one of the best we have ever read, is first given of the cell, its modifications, characteristics, and methods of increase.

The subject of the blood receives the consideration that its importance demands, and is treated physiologically as well as histologically, the process of coagulation being fully described, and an excellent account of the development of the corpuscles given.

The tissues of the body are then taken up in order, full justice being done to each. The explanations are clear, the figures abundant and very well executed. The section relating to the structure of striped muscular fibre contains references to the numerous recent theories, and the illus-

trations are remarkably good. We are glad to see that, with very slight modifications, the views of Mr. Bowman are adopted.

The organs of the body are considered last, and dealt with in the same admirable manner. The kidneys receive particular attention, and this portion of the work is profusely illustrated.

With reference to the wood cuts we may remark that there is a great deal of needless repetition. Many of them occur two or three times, and in the description of the lymphatic glands we actually have within eight pages four duplicate figures, two of which face each other.

The work as it stands is the best text-book of Histology we now possess, and one we can cordially recommend to those wishing to acquire a thorough knowledge of the science.

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## Periscope Department.

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### SURGERY.

*The Sequel to a Case of Excision of the Two Principal Joints of the Upper Extremity.* By WILLIAM MAC-CORMAC, F.R.C.S., Surgeon to St. Thomas's Hospital.

In the *Medico-Chirurgical Transactions* for 1872, vol. 55, will be found some particulars of, I believe, an unique case, in which, during the war of 1870-71, I performed resection of the shoulder and elbow-joints in the same arm. The patient, a man called St. Aubin, was one of the corps Chasseurs d'Afrique, the third regiment of which took an active part in the battle of Sedan, under the command of the Marquis de Galliffet. St. Aubin was shot both through the shoulder and elbow of the right arm, as well as receiving a bayonet-thrust in the face. I performed secondary resection of the injured joints twelve days afterwards, removing a large quantity of bone. Eighteen months sub-

sequently, I was able to describe to the Society the then condition of the limb in the following words. "The elbow is thoroughly healed, and the ulna so far reproduced that there is scarcely any appreciable deformity or loss of shape in the joint. He can flex and extend it, and also pronate and supinate the forearm. The power of the hand is being rapidly and completely regained." The shoulder was not, however, in so satisfactory a condition, as the upper part of the humerus had become necrosed. St. Aubin wrote to me from time to time, and told me it was proposed to remove the dead bone, but he wished me to perform the operation, I therefore invited him to come over and be a patient in St. Thomas's Hospital, which he did. When, however, I arranged to extract the sequestrum, he alleged violent home sickness, and returned abruptly to France—taking, in fact, French leave of us. At the end of the communication, already quoted from, will be found the following sentence. "I can entertain no doubt that, as soon as the necrosed piece of humerus is removed, the sinus in the region of the shoulder will close, and the usefulness and power of the limb become greatly increased." This forecast has recently received a gratifying realisation, as shown in the accompanying translation of a letter on the subject, which M. Serazin, under whose able care the man has lately been, has very kindly sent me.\*

"I wish to complete, in a few words, the case of St. Aubin, related in your *Recollections of an Ambulance Surgeon*, translated by Morache. This man was sent to me to Bourges some weeks ago by my friend General the Marquis de Galliffett. I found, in the upper third of the arm, at the outer border of the biceps, a fistulous opening leading to a cloaca, whence flowed an abundant and foetid suppuration, kept up by a sequestrum. This sequestrum appeared immovable; but, considering the nature and duration of the lesion, it was evident this immobility was

\* St. Aubin wrote me at the same time to express his gratitude in a hand writing which excited my envy, saying, he was returning home the following day, a cured man, and promising to send me his news every New Year's morning.



only apparent. The lower part of the arm was red and swollen. I made an incision of 8 *centimètres* ( $3\frac{1}{4}$  inches) along the outer border of the biceps, which allowed a trephine to be applied twice to the surface bone below the cloaca, and when the window thus formed was trimmed with the gouge, a sequestrum 11 *centimètres* long ( $4\frac{1}{2}$  in.) was withdrawn. It formed an osseous tube, bevelled obliquely at both extremities, rough on its surface, perforated in places, and formed of the internal layers of the compact tissue of the shaft. A glance suffices to show that the sequestrum is the result of a suppurative myelitis, which has probably caused the death of the inner layer of the diaphysis throughout the greater part of its length; for, as St. Aubin says himself, a sequestrum quite similar in appearance, having the form and dimensions of a *pipe Belge*, was extracted some months before at Bourbon Lancy, and this presented, at its upper extremity, the traces of having been cut with a saw. The result of my operation has been most satisfactory. At present, the suppuration is insignificant and free from odour. I believe that this courageous fellow is for the future free from any chance of surgical interference; and he preserves, thanks to you, a very useful (*forte utile*) arm.—SAZARIN, Ex-Professeur Agrégé de la Faculté de Strasbourg, Médecin en Chef du Huitième Corps.—Bourges, Dec. 11th, 1875."

I need only, in conclusion to this very interesting communication, echo the belief of Professor Sazarin, and express my sincere hope that this really brave fellow will, for the remainder of his life, enjoy, as he well deserves, the advantages of a useful limb.—*British Medical Journal*.

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*Ovarian Tumour; Tapping; Inflammation of the Cyst; Ovariectomy; Rapid Recover.* (Under the care of Mr. JOHN CLAY.) QUEEN'S HOSPITAL, BIRMINGHAM.

The following case, for the notes of which we are indebted to Mr. J. Spofforth, resident obstetric assistant, is interesting as illustrating—first, the liability of the occur-

rence of inflammation of the cyst after the operation of tapping; and, secondly, the comparative safety of ovariotomy after the supervention of inflammation. It must, however, be borne in mind that this case, and others like it, are exceptional, and must be regarded as such—that is to say, the fact that inflammation may occur after tapping is not an indication that the major operation of ovariotomy should in such cases be practiced in the first instance.

A. S—, aged fifty-two, widow, was admitted on Nov. 9th, 1875. The patient always enjoyed good health until the present illness. She has had three children, the youngest nineteen years of age, and no miscarriages. Menstruation was regular till two years ago, when it ceased. About eighteen months before admission, while in the enjoyment of perfect health, she perceived a small movable substance in the right iliac region. This swelling, however, she said, disappeared. In February, 1875, she had a somewhat sudden attack of severe pain in the right side of the abdomen, for which she obtained medical advice. After this the abdomen rapidly enlarged, and an ovarian tumour was diagnosed. In August this tumour was tapped by her medical attendant, and a pailful of clear, gelatinous fluid withdrawn. Towards the end of October, the abdomen had become as large as when tapped, and she applied for admission into the hospital.

When admitted she was emaciated, the face was pinched and of an anxious expression; she complained of anorexia and nausea, difficulty of breathing, a constant cough, and œdema of the lower extremities. The abdomen was enormously distended, the superficial veins enlarged, the surface smooth and uniform, and there was tenderness on pressure in two or three spots. There was dullness on percussion in front, and resonance in the flanks, with distinct fluctuation. The fluctuation could be felt within a number or limited areas only, which showed the cyst to be compound.

The abdomen measured at the umbilicus  $41\frac{1}{2}$  inches, and two inches above this  $40\frac{1}{2}$  inches in circumference; from

the umbilicus to the ensiform cartilage  $8\frac{1}{2}$  inches, to pubes 11 inches, to right anterior superior spine  $12\frac{1}{2}$  inches, to left anterior superior spine 13 inches. Urine was healthy, sp. gr. 1030.

A vaginal examination proved the uterus to be of its natural size. slightly drawn upwards, and anteflexed. Temperature of body normal.

On Nov. 17th she was again tapped, and 160 ounces of straw-colored gelatinous and alkaline fluid of sp. gr. 1021, removed. Subsequently the chest symptoms were much relieved, and the œdema of the legs disappeared, but she complained of an acute pain in the right iliac region, and of great tenderness on pressure. The abdomen again became distended to about the same size as on the 17th, before she was tapped, The pulse became more frequent, and the temperature increased.

Suspecting inflammation of the cyst, Mr. Clay deemed it advisable to remove the tumour as soon as practicable, and on Nov. 27th the operation was performed. Ether having been administered, an incision was made five inches in length, below the umbilicus, in the median line. There was considerable hæmorrhage from some superficial veins, but it was arrested before the peritoneum was opened. The walls of the cyst were very thin, and gave way under the traction made by the hooks of Wells's trocar. The patient was then turned on her side, and the fluid evacuated by pressure on the abdomen. After securing the slight adhesions that existed on the right side and in front, the pedicle, about four inches in length came into view, was fixed with a clamp, and cut. A large cyst remained, which gave way whilst being withdrawn with the vulsellum forceps, and its contents, about 18 oz. of purulent fluid, escaped, but fortunately, owing to the patient being on her side, none was allowed to enter the peritoneal cavity. The tumour was then freed from the remaining adhesions, and easily withdrawn. The tumour proceeded from the right ovary.

The wound having been closed with deep and super-

ficial sutures of silk and wire respectively, the patient was removed to bed. Reaction was slowly established, and she was several hours before she recovered from the effects of the ether. The pain, occasionally, very severe, was soon relieved by morphia administered hypodermically.

It is not necessary to record the daily progress of the case. The temperature only on two occasions exceeded 100° F., and the pulse averaged about 90 per minute. There was cystitis and incontinence of urine, so that, in spite of every precaution, a small bed sore formed over the sacrum on the tenth day, but as the patient was able to lie on her side, it gave but little trouble. She was well enough to sit up on the fourteenth day, although it was deemed advisable to delay doing so till the seventeenth.

The cyst weighed 2 lb. 17½ oz., and the fluid contents which during the operation had been evacuated measured 250 oz. It was multilocular, consisting of two large cysts, with a dense mass of smaller ones. The largest cyst contained a quantity of purulent fetid fluid, with flakes of lymph of a dirty yellow color; its wall was thin, injected, very lacerable, with several hæmorrhagic patches on its surface.—*The Lancet*.

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## MEDICINE.

*On Professional Muscular Atrophy.* By DR. E. ONIMUS, Laureate of the Paris Academy of Sciences, member of the Paris Society of Biology, etc.

Activity of muscles determines the development and energy of muscular fibres, and the general law is that the more a muscle works the larger and the more powerful it gets. This law, however, has its limits, and I have just observed a certain number of cases in which the exaggerated work of certain muscular groups, far from producing hypertrophy, induces, on the contrary, a condition of considerable atrophy.

These cases are observed only in individuals who, through

the nature of their trade or work, are obliged to contract the same muscles constantly. Through excess of activity, irritations of the muscular fibres supervenes. Thus, in a man employed in a draper's establishment, and whose business was to replace the unfolded goods on their shelves, their supervened, little by little, a most remarkable atrophy of the deltoid muscles of both sides. And, indeed, it was these muscles which were constantly actively employed in performing this special work.

In a workman employed in a tannery, who was every day for eleven hours at work, and always felt aching and fatigue after his day's labour, there likewise supervened marked muscular atrophy, confined to certain muscles. In order to prepare the skins, he was to perform with both arms a forward and backward movement, which necessitated especially the action of the muscles of the shoulder, so that these were the first to be affected, and are at present almost completely atrophied. The wasting away is almost the same in both arms, as both were in action during the man's work, whereas, in respect to the legs, the right one alone was obliged to support the whole weight of the body. Consequently, with the lower limbs, the right leg is the only one that has wasted; it is one-half smaller than the other, and the affected muscles are those the action of which was the most constant, such as the rectus femoris, vastus externus, and vastus internus.

In the beginning, the patients complain especially of prostration, of weakness even in the morning on getting out of bed. They feel—particularly at the outset of the disease—intense, darting, intermittent pains. Before atrophy is well-marked there always exists more or less temporary contraction of the muscles.

When wasting has once begun, it follows a most rapid course if the patient continues to fatigue his muscles.

Almost always this affection is mistaken for progressive muscular atrophy, but it differs from it in its course and in a great many symptoms. 1st. The muscles which are the

first to be affected are generally the largest ones, and particularly those in the neighbourhood of the shoulder-joint. 2nd. The pain and cramps at the outset are also a distinctive sign. 3rd. These cases of wasting amend rather rapidly under the influence of rest and the use of constant and continuous electric currents.

Recently I observed one case which it was not difficult to differentiate from progressive muscular atrophy, as the atrophied muscles were the same as those which are the first affected in this latter affection. They were the muscles of the thenar eminence, and chiefly the adductor pollicis. The patient was an enameller, who had to hold an object all day between his thumb and index-finger. He first got cramps in the thumb, which suggested the idea of scrivener's palsy, then tremor of the thumb, on account of the fibrillar contractions, and, lastly, atrophy. Under the influence of treatment there was a rapid amendment, which showed that the case was really one of professional muscular atrophy, and not commencing progressive muscular atrophy.—*The Lancet*.

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*On Gelseminum Sempervirens.* By SYDNEY RINGER, M.D.,  
Professor of Therapeutics at University College; and  
WM. MURRELL, L.R.C.P., M.R.C.S., Demonstrator of  
Physiology at University College.

This powerful drug has long been employed in America, and a few years ago was introduced into this country as a remedy for neuralgia by Dr. Wickham Legg. His statements have been amply verified by Dr. Sawyer, Dr. Mackey, Dr. Spencer Thompson, and others. It is said to be especially useful in non-inflammatory toothache and in neuralgia in the nerves supplying the teeth and the alveolar processes of the jaw. In large doses it produces general paralysis. Several cases of poisoning are recorded, some ending fatally.

We extract from the Proceedings of the American Pharmaceutical Association (vol. xxi., 1873) the following ac-

count of the effects resulting from a toxic dose:—"The symptoms by which its effects manifest themselves in the animal economy seem to indicate that its energy is primarily exerted on the cerebro-spinal centres, and secondarily on the respiratory apparatus and the heart, the functions of the former ceasing before those of the latter. The motor nerves of the eye are attacked first; objects cannot be fixed, dodging their position; the eyelids become paralysed, drop down, and cannot be raised voluntarily; the pupils largely dilate; there is a feeling of lightness in the tongue; it ascends gradually to the roof of the mouth; pronunciation becomes slurred; then the extremities refuse to support the body, and erect motion without support becomes impossible; the pulse gradually becomes more frequent, rises to 120 or 130 and more beats per minute, is small but regular; respiration then becomes laboured, the mind remaining clear, however. This state will set in about an hour and a half after the ingestion of an overdose of the drug. .... All the symptoms will disappear after about two hours, leaving no unpleasant effect or derangement of the organism." In many cases of poisoning the patients have complained of double vision, and dimness, even loss of sight, and the breathing is slow and sometimes irregular and shallow.

In the *Practitioner* for October, 1870, Dr. Roberts Bartholow published an account of some experiments made on frogs, pigeons, and cats. He concludes that gelseminum (*a*) acts chiefly on the motor portion of the cord; (*b*) its paralyzing effect is due to its action on the motor centre, and not to an action on the peripheral nerve fibres; (*c*) it acts also on the sensory portion of the cord, producing at last complete anæsthesia, but this effect in warm-blooded animals and in man is toxic only, and follows the paralysis of the motor functions.

As this drug is now attracting considerable attention in this country, and has been largely used in America for fevers, including ague and influenza, hemicrania, spermatorrhœa, dysmenorrhœa, &c., we were induced to make these

investigations, which will be seen in many respects to corroborate the conclusions of Dr. Roberts Bartholow. At first we used the liquid extract prepared in America, which contains some spirit, but afterwards the alkaloid dissolved in water, extracted by Mr. Gerrard, teacher of Pharmacy at University College.

We now proceed to give a short general account of the effects produced by the drug on a frog.

A medium-sized German frog was injected with the drug in the neighbourhood of the posterior lymph hearts. In this, as in all our experiments in which injections were given, special precautions were taken to ensure cleanliness of the apparatus, and freedom from contamination by other drugs. Soon after the administration of the drug the animal became extremely apathetic, and it was found that there was considerable impairment both of voluntary power and reflex action. When placed on its back the frog made no attempt to assume its normal position for a minute or two, and then slowly turned over, often, however, stopping half-way and lying motionless on its side. On touching the eyes they were closed, but some minutes elapsed before they were again opened, and even then the movement was performed with abnormal slowness. The loss of voluntary power and reflex action gradually increased, and the animal soon became perfectly motionless. When placed on its back no attempt was made to turn over. The whole body was limp and flaccid, and the limbs remained in any position in which they were placed, either flexed or extended. On pinching firmly any part of the body, a very feeble and ineffectual attempt to escape was made, the animal in its unavailing efforts, falling over on its back or sides. The application of the poles of the battery to the limbs excited, in addition to the muscular contraction, faint reflex movements. *Pari passu* with these changes in the nervous system, the breathing became hurried and superficial, and as the paralysis increased, the respiratory movements became more and more shallow, and, finally, with the total



abolition of voluntary power and reflex action, entirely ceased. The heart continued beating for a considerable time after the cessation of the respiratory movements.

The rapidity with which these symptoms presented themselves, and the ultimate termination of the cases, varied with the dose administered. Thus twelve minims of the liquid extract injected under the skin of a large frog produced such an impairment of voluntary power that in three minutes the animal was unable to turn over, and in two and a half hours death ensued. In doses of five minims or less, some hours usually elapsed before the establishment of complete paralysis, and the animals frequently remained alive, but perfectly helpless for many days. In one instance, in which a five-minim dose had been given, life was prolonged until the tenth day. Towards the close of this period there was considerable improvement both in voluntary power and reflex action; the effects of the drug appeared to be passing off, and hopes were at one time entertained of the ultimate recovery of the animal. A five minim dose of the 2 in 20 solution of the alkaloid gave rise to decided symptoms of poisoning in four minutes, and in five minutes later the full effects of the drug were exhibited.

With some frogs there occurred for a short time a peculiar mixed state. Thus, soon after voluntary and reflex power was completely abolished, on irritating one of the limbs, the hind extremities were sometimes shot out, and all their muscles, with those of the back contracted. This happened only occasionally. Thus, generally, on applying the electrodes to an extremity, only the muscle touched contracted, and none others; but sometimes there ensued the tetanoid condition just described; in a few minutes this ceased. With other frogs there occurred only a slight tremor of some of the muscles of the legs, chiefly those of the thigh. This tremor was at once excited by moving or jerking the body. It was apparently caused by the successive contraction of the muscles of the limb, giving rise to a peculiar flickering, which was readily perceived through

the skin. Supposing these phenomena to be due to the influence of the drug, they must be caused by its action on the spinal cord, for they occurred in the posterior extremities after ligature of the abdominal aorta.

Another circumstance also attracted our attention. When the electrodes are applied over the lower part of the spine of a live healthy frog, the hind legs are shot out much in the manner before described. Now it appeared to us that after poisoning by gelseminum the posterior extremities were more forcibly extended, and remained so for a longer time.

We then performed the following experiments to ascertain whether gelseminum paralyses by its effect on the brain, the cord, the motor or sensory nerves, or the muscles.

The paralysis of reflex and voluntary power is certainly not due to the action of the drug on the muscles; for after poisoning, on galvanic stimulation the muscles contracted as energetically as those of an unpoisoned animal; moreover, on several occasions we tied the abdominal aorta or the femoral artery and vein, and twice we severed the thigh, leaving the leg attached to the trunk only by the nerve, and then poisoned the animal, and we found that the muscles subjected to the action of the gelseminum contracted as energetically and retained their contractility as long as the muscles protected from the poison by ligature or section of the vessels.

Neither is the paralysis due to the action of gelseminum on the motor nerves. This, indeed, is proved by the experiments just mentioned, which we now proceed to describe more fully. We tied the femoral vessels on several occasions, and twice we cut through all the structures of the thigh, except the nerve, which alone connected the severed leg with the trunk, and then poisoned the animal by injecting the drug under the skin of the back, in the neighbourhood of the lymph sacs. The paralysis occurred as soon, progressed as rapidly, and became as complete in the limb protected by ligature or section from the action of the

poisoned blood as in other parts subjected to the influence of the poison. After complete paralysis we found that the nerves unprotected from the action of the poison conducted as freely as those protected by ligature or section. These experiments show that the poison does not act by its effects on the ends of the motor nerves; but the trunks of the nerves in the abdomen, and above the ligature in the thigh might be affected, and the paralysis produced in this way. We therefore on three occasions ligatured the abdominal aorta, just above its bifurcation, and then poisoned the animal in the manner described, and we found the paralysis progressed in the hind protected limbs as in the anterior, and as in the case of frogs whose hind limbs are unprotected by ligature of the aorta.

There remain, then, to consider the brain, cord, and the afferent nerves. We shall treat of the loss of reflex power separately from that of voluntary power. It is obvious that the destruction of reflex power cannot be due to the effect of the poison on the brain, and as it is not due to the paralysis of the motor nerves or muscles, it must depend on paralysis either of the afferent nerves or the cord. It is not due to the paralysis of the afferent nerves, for after tying the abdominal aorta before administering the poison, and thus protecting the hind extremities from its effects, we could not excite reflex action by galvanic stimulation of the hind legs. It therefore appears that gelseminum abolishes reflex action by its effect on the cord.

Does it thus affect the reflex function by its direct action on the cord, or indirectly by stimulating the inhibitory centre for reflex movements? It does not act through Setschenow's inhibitory centre; for, firstly, the abolition of reflex function is too complete to be produced in this way, and, secondly, after producing complete loss of reflex action, we beheaded the frog, and so divided the cord below the inhibitory centre, which is situated in the neighbourhood of the optic lobes, and yet the loss of reflex power remained as complete as before. We therefore conclude *that gelsemi-*

*num destroys reflex power by its direct action on the spinal cord.*

We have next to explain how the loss of voluntary power is produced. We have shown that the paralysis is not due to the effect of the drug on the muscles and motor nerves, and it is obvious that the loss of voluntary power cannot be produced by paralysis of the sensory nerves. It must therefore be due to the action of the gelseminum either on the brain or the motor tract of the spinal cord. We have no experiments to decide this question, but we offer the following reasons in favour of the view that it acts through its influence on the cord :—(a) The loss of voluntary and reflex power proceed *pari passu*. (b) The abolition of reflex power being due to the effect on the cord renders it to some extent probable that the loss of voluntary power also depends on affection of the cord. (c) In the case of accidental poisoning where the voluntary power was so complete that the patients could not move a muscle could not even raise the eyelids, it is recorded that on recovery they asserted that their consciousness was not at all affected. It may be said that if the loss of voluntary power is due to paralysis of the motor tract of the spinal cord, it should not conduct electric impressions. But we may remark that a great difference of opinion exists among physiologists respecting the conducting power of the cord of electric irritation, and it appeared to us therefore unnecessary to perform this experiment.

We have seen that the afferent reflex nerves are paralysed. Are the sensory nerves affected? If the sensory nerves are also the afferent reflex nerves (the view generally held by physiologists), the question of course is answered in the negative. Still we suppose that though some afferent nerves may have this double function, yet there are others which are simply sensory. Are these paralysed, or are the sensory perceptive centres paralysed? In other words, does gelseminum destroy sensation as some writers have supposed, and if so, does it act on the sensory nerves or the

sensory tracts of the cord, or on the sensory perceptive centre? These experiments do not enable us to answer these questions, but we may state that as long as voluntary movement remained, the frog seemed to feel pinching and galvanic stimulation, for on the application of either kind of irritation, the animal made voluntary efforts to escape, though after paralysis was marked it required considerable pinching to induce voluntary movement. Was this due to defective feeling or from the paralysis requiring a greater effort to cause movement? We shall return to the effect of gelseminum on sensation, when we treat of its effects on man.

The foregoing experiments prove that gelseminum abolishes reflex, and probably voluntary, movement by its influence on the spinal cord. It may, however, in addition, to a slighter extent, and late in the poisoning, affect the motor nerves. This is the case with Calabar bean, which paralyzes the spinal cord, but also slightly the motor nerves. To learn whether gelseminum in any way depresses the motor nerves, we performed the following experiments on three frogs. We tied the iliac artery, and then poisoned the animal; and, after the loss of reflex and voluntary power, we tested at frequent intervals the conductivity of the sciatic nerves to electric stimulation, and we found that the gradual loss of the power of conduction was equal in the two nerves, but that after some time the nerve protected from the action of the poison required a rather stronger current than the unprotected nerve, due, perhaps, to diminished nutrition from arrest of the circulation. Hence we conclude that probably (for our experiments are not numerous enough to settle absolutely this question) gelseminum exerts no influence on the motor nerves.

We may here state that in each experiment in which an artery was tied we ascertained by a post-mortem examination that the operation had been successively performed.

—*The Lancet.*

*On the Duration of the Quarantine required after Puerperal Fever.* By J. BRAXTON HICKS, M.D., F.R.S., Obstetric Physician to Guy's Hospital.

It has been asked in the *British Medical Journal*, and I have also been frequently and earnestly urged in the same direction, that an opinion should be authoritatively pronounced, for a guide to the profession generally, as to the length of time an accoucheur should abstain from midwifery practice after attending a case of puerperal fever. It has come to my knowledge, from several sources, that somehow the public have acquired an idea that it requires *three months'* purification before a medical man is fit again to attend confinements. From whence this idea has originated I am at a loss to understand; no statement of the kind can have originated from the profession. Indeed it is self-evident that midwifery practice would not be possible on such a basis. If we suppose the same rule to exist after all cases of zymosis, the impossibility of practice is clear. It is possible, indeed I think it highly probable, that assisted, by the manipulation of midwifery, contagia would continue for a longer time influential than is usually observed in the attendance on the ordinary zymotic diseases. Yet the difference cannot by any means be so great as is indicated by fixing the time at three months.

It does seem to me, therefore, very desirable to have some kind of rule as to the time, which on the one hand, would secure our patients from risk; and, on the other, would serve as a protection to our profession from the extravagant demands of the unlearned. And, indeed, there is another point very important to the public, namely this: that if the quarantine extends beyond a practicable time, women will find a difficulty, and, perhaps, an impossibility, in obtaining aid in their hour of trial. I am not now alluding to the time required in those rare cases where puerperal fever haunts a practitioner for months; these though well authenticated, are very rare; our rules for every day life are not based on exceptions, but on ordinary conditions.

The speakers in the recent debate at the Obstetrical Society, while admitting that there should be an interval, have not fixed its duration ; except the President in his late address to the Society, when he expressed his opinion that a week should elapse after the last day of attendance on a single case ; but, in the event of a series, then a month.

The readers of the *Journal* could, therefore, render no more valuable service than by communicating in its columns facts bearing upon this very practical question. For myself, I have always held three weeks' abstinence and purification to be the best approximation to the requirements of the case, giving ample time, probably more than actually necessary, to discharge the poison from the system and clothes. I am indebted for this belief to my teacher and predecessor in the chair of midwifery at Guy's, the late Dr. Lever. The soundness of this advice has been borne out by long experience over very large fields of observation ; for I am not aware that it has been found to fail to cut off the spread of the disease, if we except those rare instances above alluded to, which probably have their origin in some conditions to which the medical man is exposed unknowingly in his house, etc. Three weeks may be thought too much by some ; but if a rule is to be laid down, it must cover all reasonable contingencies ; for when we bear in mind that in an attendance on a case lasting, say a week, with frequent and prolonged visits, manipulations, washing out of uterus, the hands and clothes become saturated with the contagium, we could scarcely expect to evolve this wholly in less than twelve or fourteen days ; and, therefore, an extra week does but give a complete security in the matter. There is also another view ; the extra week of obligatory rest from heavy midwifery practice is beneficial to the medical man, harassed and depressed as he would be after continuous attendance on these distressing cases. Of course, the state of the weather makes much difference as to the time during which contagium lingers on the clothes. No doubt a brisk walk in a gale,

with a thorough drying of the clothes before a fire, coupled with a brushing afterward, will, if the visit be short, probably go far to remove the poison; yet it would be unwise, as a rule for every case, to act on this view. Taking everything into account, I would give it as my opinion that, if three weeks' abstinence be adopted as a rule after the last day of attendance, the medical man should be held to have adopted all reasonable precautions, and not to be guilty of culpable carelessness.—*British Medical Journal*.

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*A New Method of Dilating the Eustachian Tube and Ventilating the Cavity of the Tympanum.*

Prof. Gruber, of Vienna, has recently made public a new means of obtaining the good effects of catheterization of the Eustachian tube without incurring any of the difficulties or dangers of that operation. Prof. Politzer has, as is well known, devised a method having the same object in view. The patient holds some water in his mouth; he introduces into the nose the end-piece of a kind of syringe made for the purpose, and holds it in the nostril air-tight with one hand. He then swallows the water, and at the command of the surgeon injects the air in the syringe into the nasal cavity and onwards. Air can by this means be driven into the Eustachian tube. Luccæ proposed to effect the same result by replacing the swallowing of water in Politzer's experiment by directing the patient to pronounce the vowel *a* (as in *father*) and then injecting air. Prof. Gruber finds that pressure of the root of the tongue against the most posterior part of the palate during a strong expiration presses the soft palate upwards and backwards and thus completely closes the fauces, and thus the exit of air through the nose and mouth is entirely prevented. This requires, however, in some persons a little more care than in others, and consequently instead of a simple expiration, it is often desirable to make the patient try to



pronounce, during vigorous expiration, the sound *hck* or *hck*, introducing between the consonants various vowels, as *hack*, *heck*, *lick*, *hock*, *huck*, &c., until the sound is got which most effectually produces closure. During this manœuvre air enters the tube, and the tympanum will often be felt affected, as in Valsalva's experiment. Prof. G. utilises these facts as follows:—The surgeon places himself before the patient, introduces into his nose the end of the nose-piece of the syringe, and closes the nostrils over it hermetically with two fingers. At the word of command the patient pronounces one of the syllables (*lick*, &c.,) as above, and at the same moment the surgeon injects air. It is perceived at once to enter the tube with a distinct sound, which can be auscultated by the otoscope, and in cases of perforation, produces the usual sound. These and all other signs of the entrance of air into the tube are present, and prove the success of the operation. If the head be bent well to one side during the operation, the upper ear is almost always the one into which the air enters, and it does so more easily than when the head is erect.—*Vide Allgem. Wien. Med. Zeit.*, Nos. 42, 51.—*The Doctor*.

### *Bacteria and Septicæmia.*

In an elaborate experimental paper (*New York Medical Record*). Dr. T. E. Satterthwaite arrives at the following conclusions :

1. Bacteria are certain vegetable organisms which belong probably to the algæ; they are found abundantly in nature, but chiefly where there is moisture.
2. They exist in the body in health, covering the mucous membranes from the mouth to the anus, and sometimes appear to penetrate a certain distance into the system, without causing symptoms of disease.
3. They also exist in putrefying fluids, and in various disease-processes, occurring in hot and cold abscesses, in the blebs of erysipelas, and in simple blisters.

4. It is doubtful whether the virulent principle of infective diseases is albuminous.

5. This principle does not reside in the perfectly clear fluid that passes through porous clay. In putrid infectious fluids this appears to be certain. The poison is rendered less virulent by repeated filtrations through common filter-paper.

6. The virulent principle may be boiled for hours, filtered numbers of times in the ordinary way, boiled with alcohol, and again filtered and dried, and yet the watery extract of such a dry residue will produce septic symptoms. It is therefore soluble, or at least suspended in water.

7. The liquid which is thus poisonous may be clear to the eye, but contains granules under the microscope.

8. These granules have not produced bacteria in a number of instances when they were placed in a suitable condition to do so.

9. We cannot, therefore, feel that satisfactory evidence has been brought to show that, in any of the diseases or processes enumerated, minute organisms are the sole and sufficient causes of disease.—*Medical Times, Phila.*

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#### *The Temperature of Drunkards.*

The *Deutsche Arch. f. Kin., Med.*, vol. lx., p. 12 contains a very important paper by Reincke, of Hamburg, on this subject. In his recent Cantor Lectures on alcohol, Dr. B. W. Richardson referred to the power of diagnosing dead-drunkenness from other causes of coma by the fact that the temperature of drunkards is diminished. Reincke has found that the internal temperature of drunkards exposed to cold may fall to an extent hardly conceivable. The rectal temperature will commonly fall to 95 deg. F. or 93 deg. F.; it may descend to 82 deg. F., or even as low as 75.2 deg. F. The subject on whom the last was observed recovered and regained his normal temperature after 23 hours.—*The Doctor.*

*Local Origin of Cancer.*

Virchow's *Archives*, No. lxxiv, contains an article by Fredun, of Breslau, on the "Primitive Seat and Mode of Extension of Pelvic Carcinoma in Women." He relates several cases of pelvic carcinoma occurring in virgins or women with atresia vaginæ. In these cases the cervix uteri, which is the commonest seat of the disease, escapes, or is only secondarily affected, there being an absence of all sources of irritation. It is around the rectum or bladder, or in the connective tissue of the cavity of the pelvis that the disease originates in these cases. The author admits the insufficiency of his materials, but his opinion is carefully stated.—*The Doctor.*

*The Diagnosis of Cerebro-spinal Meningitis.*

In a recent clinic Dr. Richards remarked that, while pain in the head, vomiting, epileptiform attacks, disease of the optic discs, emaciation, eruptions, involuntary micturition, were symptoms found in many head-affections, the sudden onset of symptoms, pain in the back of the neck, the stiffness of the muscles of the neck, and retraction of the head, were sufficient to separate cerebro spinal meningitis from hydrocephalus acutus, basilar meningitis, and tumor of the brain, diseases to which, in its symptoms, it was nearly allied.—[*Phil. Med. & Surg. Reporter.*

*Jervia—A New Alkaloid in Veratrum Viride.*

In the *Amer. Jour. of Pharmacy* for Oct., 1875; Charles Bullock describes the alkaloid *jervia*, known for a number of years as existing in the root of *veratrum album*, but now found by him in the American species, *viride*. Its physiological properties are described by Prof. H. C. Wood, Jr., as producing general weakness, without vomiting or purging, lowering arterial pressure and slowing of the pulse, profuse salivation, and finally convulsions. The character of the convulsions is very peculiar and very constant.

CANADA

# Medical and Surgical Journal.

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MONTREAL, FEBRUARY, 1876.

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## CITY SMALL POX HOSPITALS.

We have received the following circular from Alderman McCord, Chairman of the Health Committee, and are happy to be able to announce to our readers that at long last we are, in this good city, provided with two Small Pox Hospitals, both under civic control. One under the management of the Ladies of the Providence Nunnery, intended for Roman Catholic patients; the other under the charge of a lady of experience, we presume a Protestant, and exclusively intended for the Protestant community. Both hospitals are under the professional care of Dr. La Rocque. This, if we might make a suggestion, could be slightly improved upon.

Our French-Canadian fellow citizens have forced upon the city the establishment of two separate and distinct hospitals. We were opposed to sectarian or national distinctions of any kind, and should have gladly seen but one institution, but since we have two we are quite satisfied, and shall second the efforts of the Health Committee in their laudable attempts at isolation. But with regard to the professional services alone of Dr. Larocque, why, might we ask, is the Protestant Small Pox Hospital not under the professional care of Dr. Dugdale? That gentlemen was, we believe, selected as Health Officer by the City Council, to represent the English speaking part of the community. If, then, he occupies the very important post of Health.

Officer to the Protestant side of the city, why does he not assume the charge of the Protestant Small Pox Hospital?

The French-Canadians have their own selection in Dr. La Rocque. The British Canadians will, we feel certain, expect to be treated by a professional man of their own nationality. We regret to make these allusions; still, we think it a duty. We have understood that Dr. Dugdale does not desire to attend the City Small Pox Hospital. If so, there are many others who would gladly do so; and we do believe it would conduce to a feeling of greater confidence in the success of both institutions, if they were under separate and distinct professional charge. We do not consider it necessary that the Health officers should attend the Small-pox Hospitals, as it is a separate and distinct service for which those gentlemen should receive a separate and distinct gratuity. But since the city, at considerable outlay, have established a Roman Catholic and a Protestant Hospital, separate and distinct as to internal management, let the theory be carried out to the full, and give us a French Canadian Catholic Physician and a British Canadian Protestant Doctor!!!

We subjoin Mr. McCord's circular.

CITY HALL.

1st February, 1876.

MY DEAR SIR,

As you are aware, the City has provided accommodation in the Civic Hospitals for its citizens suffering from small-pox. The Roman Catholic patients are received in the new building on the Hall property, attended by the Ladies of the Providence, and the Protestant patients, in the stone house on the same property, in charge of a lady of experience, assisted by a competent staff; and both hospitals are attended by Dr. Larocque, one of the Medical Health Officers, and every care and attention paid to the comfort of the patients. These hospitals are very favorably situated with a view to the recovery of the patients and, in the new building especially, the wards are very large and well ventilated. It is very desirable that citizens suffering from small pox should avail themselves of the advantages thus placed at their disposal by the City and by going to hospital and thereby isolating themselves, limit, as far as possible, the chance of communicating the disease to others. We have scarcely a doubt that patients are daily recovering in the Civic Hospitals, who should have succumbed to small pox, had they remained

in their crowded homes. Accommodation is also provided for a limited number of pay patients in private wards, who may be visited by their own Medical Attendants or by the Health Officer at their option. For terms in private wards, kindly communicate with Dr. Dugdale, No. 645 Lagauchetiere Street. You are earnestly requested to advise your patients who may contract small pox to go into the Civic Hospitals in cases where isolation cannot be obtained in their residences, or when in your judgment it be desirable to do so. The Health Committee, in its endeavours to diminish small pox in the City, desire the kind co-operation of the medical profession, as it is conscious that any success achieved will be very largely due to such co-operation.

You are, of course, aware that the Hotel-Dieu and the Montreal General Hospital have been obliged to decline small pox patients.

I am, dear Sir,

Your obedient servant,

DAVID R. McCORD,  
*Chairman of Health Committee.*

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## PRESENTATION

Of a Service of Plate to Charles O'Reilly, Esq., M.D., on the occasion of his retirement from the office of Resident Physician, City Hospital, Hamilton, Ont:—

Last evening His Worship Mayor Roach entertained the members of the Corporation this year, and those who had seats at the Board during 1875, together with the city officials and a few other invited guests, at dinner at the Royal Hotel, on the occasion of a presentation by the Aldermen of the city to Charles O'Reilly, Esq., M.D.

After the customary loyal toasts had been given,

The Mayor said that he had a most pleasing duty to perform. One of the objects of our gathering together this evening is to do honor to one of our rising professional young men, who has been our Resident Physician of the Hospital for nearly nine years, during which time he had gained the respect and esteem of all with whom he has come in contact—who by his energy and ability has obtained the management of one of the largest hospitals in the Dominion.

Dr. O'Reilly: We congratulate you on the appointment for many reasons, for I believe you stand higher in the estimation of our citizens than you have ever done. To-night we have met to give you this presentation to testify the high respect and esteem we entertain for you. I regard it a privilege to be entrusted by the subscribers with the discharge of a duty of such an agreeable character. In handing it to you I can assure you it is offered by us as a tribute of our high regard and admiration, and I am sure I am only

echoing the sentiments, the sympathy and the desire, and uttering the words of all present, when I say I hope God may prosper and bless you..

He then read the following address :

*To Charles O'Reilly, Esq., M.D., late Resident Physician to the Hamilton City Hospital, and Medical Officer to the Board of Health.*

DEAR SIR: We feel that we ought not to allow the occasion of your retiring from your official position as Resident Physician of the City Hospital and Medical Officer of the Board of Health, to pass without expressing both our regret in parting with you, and our entire satisfaction with the manner in which you have discharged the duties of your offices. Under your management as Resident Physician, during the past nine years, our Hospital has acquired more than a local reputation as a model institution, and your attention and courteous demeanor to all who have been brought in contact with you, either officially or otherwise, has gained many ardent and admiring friends; we beg you will accept, as a token of our kindly feelings towards you, and of our appreciation of your past valuable services to the city, the accompanying Service of Plate, and in saying "Good-bye," we assure you that you have our warmest wishes for your success in the new sphere of duties upon which you are about to enter.

Signed on behalf of the Corporation,

GEO. ROACH,

Mayor.

(The present consisted of eight pieces of silver service, consisting of salver, urn, coffee pot, tea pot, sugar bowl, butter cooler, slop bowl and cream jug, all of the latest pattern and most beautiful design. They were procured at Crystal Hall, Hamilton, from Mr. Thomas Egan, and reflect the greatest credit upon both dealer and manufacturer.)

The health of Dr. O'Reilly was then proposed, received with three times three, and enthusiastically drunk.

#### REPLY.

DR. O'REILLY replied as follows:

MR. MAYOR AND GENTLEMEN,—Allow me to assure you I had no anticipation that, on my departure from Hamilton for another sphere of professional labor, you intended to pay me so high a compliment as you have done evening by the presentation of the beautiful and costly testimonial of your regard and esteem as that before me now, and of your appreciation of my services in connection with the Hamilton City Hospital. Nearly nine years ago, when comparatively a mere boy, just fresh from McGill College, you confided to my care the responsible position of Resident Physician of the Hamilton City Hospital. During that period it was my sole aim and study to discharge my official duties for the best interests of the city, to meet the approval of the

City Council and for the relief of the suffering and afflicted committed to my care. I am proud to know in retiring from the City Hospital, that it has been so well and efficiently managed as to merit and receive the hearty commendation of all those competent to form a correct judgment on the subject, both here and elsewhere ; but at the same time I must remark that little credit could be laid at my door, had I not been constantly aided and assisted in every possible way by the untiring energy and judicious advice of the Chairman of the Hospital Committee, Mr. Fitzpatrick, and the harmonious co-operation of the various Hospital Committees that have had charge of the institution during my incumbency. I am happy to state as a pleasing coincidence, that Mr. Fitzpatrick entered upon his duties as Chairman of the Committee in the same year that I myself became resident physician : but I regret to say that he, too, retires from the position he has so long and honorably held at the same time as myself, though I have no doubt that his successor, Dr. Crooker, will prove a most efficient officer. Personally, gentlemen, I feel confident of your friendship and your good wishes for my success, and officially, I am sure a greater compliment could not have been paid me than that of which you have made me the honored recipient this evening. I expected to leave Hamilton quietly, but this you have now effectually prevented by your great kindness and liberality on this occasion. I can assure you it is a hard task to leave my native city, and to say good-bye to those whose friendship has stood the test of so many years, but whose kindly and heart-felt wishes will go with me I am sure, to my new home. Mr. Mayor, and Gentlemen, in leaving Hamilton I required no such substantial proof to make me think of the past and of the many happy years passed among you and in your employ, but I can assure you that I shall always feel proud to look upon this magnificent and splendid *souvenir*, which you in your generosity and kindness, have presented me with this evening, and through all my coming years I shall look back upon this as one of the *red letter days of my life*. Mr. Mayor and gentlemen, I again repeat, and I trust you will all accept, my most heartfelt thanks for the honor you have conferred upon me this evening.

The doctor was cheered on taking his seat.

We believe that Dr. O'Reilly has received the appointment of Resident Physician to the Toronto General Hospital ; and, from what we know of the Doctor, we believe that he will be a thoroughly efficient officer. We wish him every success in his new sphere of duty.

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THE LATE GEORGE GREEN GASCOYEN,  
F.R.C.S., ENGLAND.

It is with a feeling of deep regret that we record the death of George Green Gascoyen, one of the Surgeon's to St. Mary's and the Lock Hospitals, London. Our per-



sonal acquaintance with him was slight, yet we were impressed with his earnest and fervent manner, with his sincerity, thoughtfulness, and lack of selfishness.

We first met in the summer of 1872, when Mr. Gascoyen visited this country, seeking health in recreation and temporary relief from the arduous duties of a London hospital surgeon. His stay in this country was very short, and we saw less of him than we should have desired, as he was a most interesting companion. Two years ago we met again in London, and we regretted to see a marked change in his appearance; he looked fagged and weary and markedly thinner, and was on the eve of a trip to the Continent.

In parting he intimated his intention of visiting Canada in a year or two, and expressed a hope of our again meeting. He was recently elected an Examiner in Anatomy at the Royal College of Surgeons of England, and we learn from an exchange that, although in ill health, he attended two meetings of the Examining Board the week prior to his death, so that he may be said to have died in harness. The immediate cause of his death was pleuro-pneumonia; he died on Sunday, the 23rd January ultimo, at his residence Queen Ann Street, Cavendish Square, at the age of 46 years.

We observe it is stated in the *Medical Times* that "with him, unfortunately, dies a vast accumulation of knowledge, especially relating to syphilis, the result of many years labours in the Lock Hospital."

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#### *Nitrate of Soda in Dysentery.*

Several German physicians extol the use of nitrate of soda in dysentery. When the small intestine is involved, 60 to 100 grains are given in 24 hours. When the disease is confined to the colon and rectum, the quantity given during the day is much greater—from three to six drachms. It is given in an oily emulsion, and warm.—*Pacific Medical and Surgical Journal.*