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CANADA

MEDICAL & SURGICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Extraordinary case of passage of hairs from the bladder, giving rise to irritation of the bladder and frequent micturition. By JAMES A. SEWELL, M.D., L.R.C.S.E., Professor of Theory and Practice of Medicine, and Dean of Medical Faculty, Laval University, Quebec.

Ann Vaughan, an orphan, at 3 years and 9 months, was admitted into the Female Orphan Asylum of this city, on the 18th May, 1873. She is very backward of her speech, and is of feeble intellect, though apparently she understands tolerably well what is said to her. Her habits are uncleanly, passing everything on the floor in a standing posture, and in the presence of the Matron.

Before her admission she had been adopted by a very respectable family, who discovered shortly after, that she was suffering from irritation of the bladder, passing water very frequently, with more or less pain.

On examining the urine each discharge was found to contain a number of hairs varying from one to seven inches in length. Examined under the microscope each hair showed a well defined bulb and all the characteristics of ordinary hair.

At this date she is still suffering from the above mentioned irritation, and passes about a dozen of these hairs every day. Generally, they are very fine and of a light color—occasionally, they are coarser and darker.

So far my case, though an uncommon one, is not unique,

as I find Coulson on diseases of the bladder, reports three cases as having occurred in the practice of Sir Henry Sloane and one in that of another gentleman.

There is, however, another feature in this case, which, added to the facts above detailed, makes it really, so far as I can discover, perfectly unique. The child is constantly drawing similar hairs, from 8 to 10 inches long, from her mouth. These are frequently coated with bloody mucus. There is no calcareous matter attached to the hairs found in the urine. The fluid is of a specific gravity of 1018, and contains neither blood, pus, nor mucus globules. I may add that I have discovered these hairs in the child's urine passed in my presence. I have never seen her draw any from her mouth, but some of the lady visitors have, and moreover, I can rely implicitly on the report of the Matron.

If you consider the case of sufficient interest, you will oblige me by inserting it in your journal.

Quebec, 27th August, 1873.

Case of Acephalus monster of seven months foetation, occurring in a primipara, by FRANCIS W. SHIRRIFF, M.D., L.R.C.S.E., Huntingdon, Quebec.

The following case of acephalus monster may prove of interest to your readers. It occurred lately in my practice, and I may state that it is the first case of the kind I ever met with during a practice in this country of over forty years.

On the 17th October, instant, I was called to visit a young married woman who was in the 7th month of pregnancy and was then supposed to be in labour. Stated that she had enjoyed uninterrupted good health, since the commencement of her pregnancy until the 13th, when after a journey of 13 miles in a waggon she felt sore all over, and

found her abdomen to be rapidly increasing in size. Remained in bed all the 16th. During that night she began to have pains in her abdomen, and had also a considerable discharge of water from the vagina. I found the abdomen greatly distended, equal in size to a woman at the full time about to have twins. The motions of the foetus were quite perceptible. The os uteri was still undilated and very high up, and I could not tell what was the presentation. As the abdomen elicited a tympanitic sound, a turpentine enema was administered, and hot applications to the abdomen, which relieved the tenderness. In about six hours I could introduce my finger through the os, and I found the membranes to be entire, and that there was a great quantity of Liquor amnii. I introduced a probe into the uterus and ruptured the membranes, as I believed that the over distention of the uterus prevented its proper action. An enormous discharge took place and more severe pains came on almost immediately. In a short time I discovered an ear presenting, but there was something so remarkable in its surroundings that I was puzzled. When the foetus had descended to the perineum, I found to my surprise that I could hook my finger around the humerus at the axilla. I pulled the arm down and in few seconds the whole foetus was expelled, and a most remarkable discovery was made, and all my anxieties about the presentation were explained. There was a face with two ears projecting upwards like a cat, eyes projecting forwards but no orbit, a flat nose without bones, and absolutely no brain, or cranium. There seemed to be an ill-formed base of skull, covered with a thin purple skin continuous with the true skin of the back. There was no neck, the head resting on the clavicles and sternum. The foetus was female, and the rest of the body was well developed. The child was alive shortly before its birth, but shewed no signs of life after it was born except a clenching of its fingers on its palms. The parents are both handsome, healthy young persons. After the expulsion of the placenta the uterus remained

large for several days, and there was considerable fever and irritation, but the patient has now recovered.

Huntingdon, Oct. 1873.

Address on Surgery, delivered before the Canadian Medical Association, at the sixth Annual Meeting, held in the city of St. John, N.B., 6 and 7 August, 1873. By WILLIAM H. HINGSTON, M.D., L.R.C.S.E., Surgeon to St. Patrick's wards, Hotel Dieu Hospital, Montreal.

While thanking you for the honourable position your partiality has assigned to me, I am fully sensible of the difficulty of dealing, in a satisfactory manner, with so important a subject as Surgery; and especially of giving an *aperçu* of its condition, its status, in this extensive but thinly populated territory.

Since the organization of this important Association, destined, let us hope, to cement into one body the members of our profession scattered throughout this vast Dominion—the addresses have been confined to those delivered annually by the retiring President, and on such general subjects as fitted the occasion. It was resolved last year to inaugurate at this, the sixth annual meeting, addresses in Medicine, Surgery, Midwifery, and Hygiene, and, speaking in the interests of this Association, I cannot but regret that to some other had been confided the first address in that branch of the healing art which pertains to external therapeutics—the *quod in therapeia mechanicum*.

The fact that, in this Canada of ours, partially rescued, as it were, but yesterday, from the primeval forest, and its lordly master the red man, an association of this character should have been formed, is, in itself, an indication of a progress which has no parallel save in the adjoining republic; and the circumstance of a division into the various departments which make up the general science of medicine as a whole, is an indication of the advanced condition of each. But a few years ago, and in the place where we are now

assembled, the *Medicine* or *Mystery* man, the Maskiki inini, sought, by incantations and other devices, to relieve the distressed in body of their sufferings. And even now, near where villages dot the surface, and towns and cities usurp the primeval forest, charms and amulets and the potent mystery bag are, despite the laugh of the white man, used to ward off the ills and perils of life.

The history of Surgery in this Dominion is the history of its civilization. When Jacques Cartier dropped anchor at the foot of Hochelaga, (at a period when Polypharmacy drenched its victims with its multifarious combinations) and when his fellow-countryman, Ambroise Paré, made known *au très Chrestien Roi de France et de Pologne* the boldness of his surgical skill, the aborigines also had their doctors and conjurors who were valued as dignitaries in the tribe; "the greatest respect was paid to them by the whole community, not only for their skill in their *materia medica*, but more especially for their tact in magic and mysteries." "In all tribes their doctors were conjurors, 'magicians,' 'sooth-sayers,' 'high priests.' They superintended and conducted all ceremonies." "In all councils of war and peace they had a seat with the chiefs, were regularly consulted before any public step was taken, and the greatest deference and respect were paid to their opinions."* It is meet, Mr. President and Gentlemen, that in this, the first address in Surgery before the representatives of the profession in this Dominion, I should say a few words of that singular class of men now fast passing away, our *devanciers* in the healing art on this continent; and however much may have been achieved in that art since then, we, their *remplaçants* must admit, that with less mystery and with better claims to regard, we receive not always so considerable a degree of influence and consideration. But waving wheat fields take the place of forests; the red man wends steadily and fatally to the setting sun; and our forefathers of European

* Catlin

origin usurp their places. New arts are substituted for the old—and mystery bags and their appendages, the “toes and tails of birds, hoof of deer, goat and antelope, and the tails and tips of almost everything that swims, flies, or runs,” to make great medicine, gives place to a somewhat rude surgery, and to a crude and ill-digested *materia medica*. It is interesting to trace the rise and progress of surgical science in Arabia and Egypt, and its gradual extension to the West, where, in our day, it has attained an elaborate-ness—a refinement—little dreamed of by our forefathers. It is no less interesting to note the rise and advance of the healing art on this continent. Without much effort of imagination, we may fancy the Indian youth preparing himself for the practice of the art, wandering from his father's lodge to some secluded spot, fasting for several days, and, with his face to the earth, praying to the Gitche Manitou—the Great Spirit, to designate to him in his dreams the beast, bird or reptile He has destined to be his mysterious protector through life, and his conductor to those fair hunting grounds in the kingdom of Ponemah—the Land of the Hereafter. The dream is no doubt sometimes proportionate to the valor or ambition of the dreamer,—and the black bear or panther is trapped or slain by the young brave to form “great” medicine, while the more timorous supplements his dream with raccoon, porcupine, weasel or civet.

The aborigines had their surgery—simple but effective—to which even their usurpers were sometimes forced to have recourse. Contused wounds and bruises were treated by cold douches from springs and running streams; and suppurating wounds with the bark of the mucilaginous slippery elm (*Ulmus flava*), and basswood (*Silia*), and the resinous bark of the tamarac (*Larix americana*)—all excellent emollient and stimulant cataplasms; and ulcers were stimulated to granulation by the inner wood and berry of the juniper (genus *juniperus*). They reduced dislocations by main force, and also, it would appear, by a rotatory method,

which seemed somewhat like that introduced to the profession by that distinguished American surgeon, Nathan Smith. Fractures (which rarely occurred among them) were carefully set, and splints of cedar or broom, ingeniously padded by the squaws with leaves or grass, were bound upon the limb with withes of the young birch (genus *Batula*); and amputations were performed at the joints with knives of flint or jasper (and in some places of copper), polished and keen as steel*—the spouting vessels were seared, and hemorrhage arrested with stones heated to redness. These practices are still continued among the tribes far removed in the interior.

With, or soon after the advent of the white man, and his higher wants, his higher civilization, and his diseases of a commensurate complexity and intricacy, came the Medicine White-man, the Te-ho-pe-nee-wash-ee of the West, or the Maskiki inini of the North, who fraternized not with his red confrère—upsetting the old adage “*similis simili gaudet*.” It may not be generally known that the members of the legal fraternity were not allowed, while the French were yet masters, to reside in Canada, and practice their profession; the reason assigned being, say the chronicles of the time, experience had taught they had sowed trouble wherever they went (*ils semaient le trouble partout ou ils allaient*). Canada during French domination, realized, in this respect, the day-dream of Sir Thomas More, who excluded lawyers from his Utopia. (By way of parenthesis it may be observed, those who now enjoy the *quiet* luxury of their presence, will admit that the disciples of Justinian have much improved since then). The first mention of a surgeon destined for Canada is in 1640, when M. Maison-neuve, obliged by a storm, which endangered his vessel, to put back to France, three or four persons deserted him, among whom was “*Celui qui lui etait le plus necessaire de tout, le chirurgien*.” Admiral Courpon, however, who had

* The preparation of these instruments was oftentimes the work of years.

preceded him, and who had arrived at Tadousac, was told of the mishap, especially in the loss of the surgeon, whose services would have been indispensable in the formation of the new establishment, which could not, Maisonneuve observed, be effected without the effusion of blood. De-Courpon generously offered his own surgeon, and the latter, apprised of the urgent need of him, had his chest lowered at once into Maisonneuve's boat, and cheerfully followed. What his name was, is not stated. The first mention of a commission to teach surgery was in 1658 when Jean Madry obtained, from Sieur Francois Banroin, first surgeon in ordinary to the King, and Provost of the Royal College of St. Côme, in the University of Paris, not only letters of "surgeon" for himself, but also the power to establish, in Canada, the mastership of surgery in all the towns and villages, in order, said the edict of the time, "dans leur besoins, les passants et les habitants puissent être mieux et surement servis, pansés et medicamentes." But these letters patent, though registered, became dead letters. The first student in Medicine, and the only one of that time, was Paul Prudhomme, brother-in law of Madry, who, for the space of three and a half years, so the document says, was to be taught "son art de chirurgien et tout ce dont il s'occupait et entremettait dans cette profession de Chirurgie, Medicine et Pharmacie." The earliest practitioners were all called surgeons—the term physician or *medicin* was not used by the early settlers. Surgery, therefore, had precedence in this colony over Medicine, as both had precedence, in point of time, over law; and whilst practitioners treated diseases, prepared medicaments, and operated on the wounded, in all the early public acts they were called surgeons, and were qualified by that title; and on the vessels the name of surgeon was given to the officer of health who accompanied. The reason given was this; that in a country where the whites were exposed incessantly to the attacks of the natives, in which nearly all the first colonists were destroyed by them, the art of surgery was,

as the documents state, "d'une necessite plus pressante, et d'un usage plus frequent." For twenty years thereafter, there were but five (5) surgeons in what is now the largest city in the Dominion; their names are given, and a writer of that period wonders how so many could have subsisted. But to prevent any possibility of interfering with each other's interests, (would that their successors had continued to be as scrupulous!) they threw their whole earnings into one common fund, and, by a contract of association, their books, furniture, food, merchandise, furs, and the fruits of the earth, instruments of surgery, medicines, and their whole revenue, and also contracted that none of them should go into debt for a greater sum than five coppers, and that only in case of urgent need. At the end of four years their books were balanced and each one received an equal share. It was also stipulated that if either of them died before the expiration of the term, all his interests belonged to the survivors. Those men, and their early successors have passed away, and so arduous was then the struggle for existence, they have left no written record. Pale faced women from old France exercised the healing art more than two hundred and fifteen years ago, when Nova Scotia, New Brunswick, and Ontario were unexplored wildernesses. At two spots—Montreal and Quebec—were they to be found, screened by palisades from the Iroquois—warding off their encroachments with the one hand, and with the other, by kindness giving evidence of their love of Him who healeth our diseases and redeemeth our life from destruction.

The science and art of surgery has been so steadily progressing since then, that I know not what most to draw attention to, in the few remarks time will permit me to make. The field over which my thoughts have wandered, in making a selection is vast and various. It embraces the accumulation of many thousand years of patient toil, each country—even our own—adding something to the general store, till it approaches a precision, and a definiteness, a completeness not yet—perhaps never to be attained by

her handmaid medicine. Knowing well I speak in the presence of men, older, wiser and better instructed than I am, I shall limit myself to a few subjects of general interest—subjects concerning which, somewhat favored circumstances enable me to speak with a moderate degree of confidence, *avec connaissance de cause*. And in doing this I shall go but little beyond, and in most instances keep within the period that has elapsed since the organization of this Society in Quebec, eight years ago.

Since that organization chiefly, the views regarding modification, and most important advances have been made in the treatment of inflammations generally, and of the inflammatory fevers consequent on traumatic injuries and surgical operations. A word or two will explain this position. If a man of health be rated at par—to use a commercial phrase—the maimed, the injured, should not, ought not to be considered as above that desirable condition, to be reduced to, or below it. Far otherwise is the treatment generally to be followed, and many surgeons now seek to raise rather than to depress, the already weakened vital powers, by nutritive food, tonics, and if need be, by stimulants, and in some cases by the transfusion of blood. The anti-*phlogistic* treatment of inflammation bids fair to be soon consigned to its last resting place, and I shall be happy, if, with my feeble voice, I am permitted to aid in singing its *requiem*. The early local employment, by the Prussians, in the recent Franco-German war, of warm water instead of cold, is a recognition of that principle, and of the necessity of avoiding any depressing agency. Experience taught them that in bruises, wounds, ulcers, fractures, &c., warmth was far more grateful to the sufferer, and patients did better under its early use.

Almost coeval with the existence of this Society, the means of arresting hæmorrhage attracted renewed attention from Sir James Simpson's effort to substitute acupuncture for the ligature, which, since its introduction by Ambroise Paré, in the 16th century, held supreme sway. In the

large hospitals of Europe and America, its use is become more and more general. Surgeons are now desirous of closing arteries so effectually as to check any hæmorrhage. (which ligature certainly does,) yet leave no foreign substance attached to, or semi-detached from, the living vessel; to leave no sloughing or suppurating wound to wash away a dead piece of artery and the now useless ligature itself. Thiéry, Amussat and Velpeau endeavoured to accomplish by Torsion, and Simpson by Acupressure, what Fleet Speer has accomplished by the Artery Constrictor—a method which seems to possess many of the advantages of acupressure, and none of the disadvantages of ligature. While each of these methods has special advantages in certain cases, the time, I believe, is not far distant, when the ligature will be laid aside by others—as it has long since been by myself. The temporary employment, in anæmic subjects of acupressure before or during an operation likely to be accompanied by much hæmorrhage, is an expedient of value—preferable to the aneurisim needle—and is quicker and safer of application.

Anæsthetics.—More important still than the question of hæmorrhage is that of *anæsthetics*—and one which is now attracting much notice. We, in Canada, follow the practice of the British in the use of chloroform in preference to the safer anæsthetic—Ether. The circumstance that the number of deaths from chloroform is greater than formerly, amounting to upwards of a dozen published cases a year in England alone, apart from a much larger number of unpublished ones, has created well founded alarm, and the favorite anæsthetic of our neighbors, with the bichloride of methyl, are attracting a large share of attention. The mortality returns published by Dr. Morgan show that we are using the most hazardous of all the anæsthetics :

1	death to	23,204	administration of ether.
1	"	to 5,583	" of ether and chloroform.
1	"	to 5,000	" bichloride of methyl.
1	"	to 2,873	" chloroform.

The chief objection urged against ether—the length of

time required to induce insensibility—is not tenable, as ether properly administered will induce complete anæsthesia in as short a time as chloroform, though the struggles during its administration may be greater. Our experience of the bichloride of methyl is yet too limited to warrant any general remarks.

Fractures.—The comforts of patients has been greatly added to by the treatment of fractures generally, by extension with weights and pulleys, without pads, without bandages or rollers, without splints of wood, gypsum, starch or glue. Thanks are chiefly due to an American surgeon (Gurdon Buck) for this vast improvement.

Dislocations.—To another American surgeon, Nathan Smith, is due the credit of the ready method of reducing dislocation by the surgeon's unaided efforts; and traction with pulleys is now rarely resorted to.

Skin Grafting.—Large surfaces of denuded integument are now covered by healthy skin taken from another part of the body, or from the body of another, and grafted in small pieces on the raw surface. So important is this method of Reverdin, that I quite agree with Morton in styling it, "one the greatest surgical advances, if not the greatest, of the present age."

Electrolysis.—Though this is the age of bold and daring surgery, there are places where even the boldest and most daring dare not enter his knife. Here the surgical chemist comes to his relief. Electrolysis has become so important an adjunct to the armamentaria of the surgeon as to induce an American writer to style it, from its perfect manageability, the King of Caustics (he meant the President no doubt.) Where extensive tumours are to be removed, without the loss of blood, in patients of feeble health; where disfigurements would follow the use of the knife; and where local and general irritation are to be avoided, *a tout prix*, electrolysis, by means of the *positive*, as well as the negative *electrode*, with needles of zinc or platinum, has, in the hands of Stroh, of Olmutz, in Austria, and Althaus, in

London, and of others, been most serviceable. It does seem a fanciful proceeding to introduce needles into a solid mass, however large, and in situations, however deep, and with a prolonged and feeble current, without chloroform or ether, or, with a powerful stream with anæsthesia, to dissipate into thin air (hydrogen) leaving scarcely a "wreck behind" of shrunken grey or brownish tissue, harmless, innocent, innocuous. Nævus, lupus, sarcoma and cancer have in these ways been made to disappear; and intelligence reaches us from Italy, France, Great Britain and the United States, of the apparently successful employment of electrolysis (under the name of galvano puncture) in aortic and other aneurisms. Ciniselli mentions, in "Il Galvani," having treated five cases, in three years, of thoracic aneurism alone. Granting, however, to electrolysis much that is claimed for it, it can never take the place of the knife; but there are cases occasionally met with where the knife is inadmissible, and where the method of Groh and of Althaus, judiciously employed, has attained a success to dissipate the smile of incredulity with which their method was first received by the profession.

Galvanic Cautey.—As a corollary, the galvanic cautey as recently introduced by Marshall, is another weapon in our hands for warring against peccant disease, and, like the invention of Chassaignac (over which it has no advantage) is a safe instrument to be used by the timid, who prefer the sear dry edges of a wound, to the trouble of looking for, and the risk of not easily finding and securing the divided vessels.

L'Aspirateur.—The last general method I shall notice is the aspirating syringe and exploring needle, destined to be of much advantage to surgery—though not, as some claim, invariably without danger. While on the other hand it has been repeatedly used, and with advantage, in distended bladder and strangulated hernia, in empyema, and in purulent peritonitis, without untoward symptoms, its use has been followed by death in at least one instance, where, a

priori, no danger would seem to be reasonably apprehended. Cysts, anywhere and everywhere, are treated with it, and whether as an aid to diagnosis or to treatment, abscesses of the liver, periodical effusions, and dropsical swellings of the joints, are dealt satisfactorily with by this pneumatic method.

Carbolic Acid.—Before passing to special subjects I have merely to observe that carbolic acid has now fairly taken its place in surgery. It is needless, therefore, to criticise its claim. It has been enthusiastically adopted by some, and as sternly rejected by others; but a little less enthusiasm on the one side, and of obstinacy on the other, and carbolic acid settles down into its appropriate niche of usefulness—not, in killing germs, hatched by enthusiasts for the nonce that they *might* be killed, but in diminishing suppuration and in opposing septicæmia.

Passing to the domain of Special Surgery I shall have time but to allude to the vast strides made in Ophthalmology Entropion and Ectropion, (those troublesome diseases which hitherto resisted all efforts at permanent alleviation) are now managed by Schnell and others differently, and with lasting success. Obstructions of the duct are treated by a new method which preserves the patency of the natural channel. The classic operation of Weber no longer holds empire and sway—but has given place to those of Von Graeffe and Liebreich.

The ear, which some aurists taught us to respect so far as to advise us not to permit the introduction to the tympanum of an instrument smaller or sharper than the elbow and that, the elbow of the owner of the ear, now tolerates, not only punctures of the membrane of the tympanum, but tenotomy of its tensor near the malleus—or of myotomy in its course—an operation which, early and judiciously performed, will often relieve suffering and preserve the integrity of the whole organ.

Paracentesis of the membrane of the tympanum, and the use of the air douce in purulent inflammation, or catarhal or hemorrhagic effusions, may not always preserve hearing

but may and does sometimes preserve life, when disease is spreading to more vital parts. Those who dread to approach the ear in that way, may learn to pass a small catheter through the entire length of the Eustachian tube from the pharynx to the anterior wall of the tympanum.

May I be permitted to make a practical suggestion *en passant*. Might not the deafness which has so frequently occurred in some parts of Canada in the course of the recent epidemic of cerebro-spinal meningitis, be prevented by the timely use of paracentesis?

Unheard of liberties are now being taken with the *nose*. In addition to Thudicum's method of treating ozæna—that opprobrium medici, ozæna, is being transferred from the domain of medicine to that of surgery—and the mucous membrane gingivolabial furrow is divided with the frænum, the cartilaginous septum to nasal spine, and the nasal cartilages too, if necessary, the nose turned up, and the necrosed bone, giving rise to the odour, removed, and the parts brought into apposition. Primary union without deformity takes place, and the cure is complete.

So long as we keep to the outer man we are safe ; but should groping for disease carry us within the patient's mouth, we are in the domain of the *oral* surgeon. Save the mark! The oculist and aurist, with great advantage to science and humanity, take charge of the organs of the special senses of sight and hearing, and the field for either is sufficient to satisfy the desire of intelligent ambition. The dentist, now styled doctor of dental surgery, looked after our teeth, and well satisfied are we when his operations are confined to their inspection. But now the buccal cavity is claimed as the fishing-pond of the oral surgeon. Pardon me—the Doctor of Oral Surgery—D.O.S. ! Happy thought ! and happier title !! Oral surgery carries the science from the top of the mouth above, past, (and including,) all the teeth, incisors, canines, bicuspid and molars ; past the uvula, past the fauces and anterior palatine arch ; past the right, aye, and the left tonsil ; past the posterior palatine

arch to the epiglottis, catching up in its way the apertures of the various salivary ducts, and there leaves it. But it cannot, in this age of unrest stop there. There is room and capitals too, to furnish titles to the laryngeal, the tracheal, the clavicular, the sternal, the costal, the intercostal, the auxiliary surgeon, the humeral, the parietal, the genital, the inguinal, the femoral, the popliteal, the pedal, the phalangeal surgeon; but here again, we encroach on the *terrain* of the comfort-giving corn doctor; the Chiroprapist, to whom I would suggest the appropriation of the title of D.C.S., Doctor of Chiro-pedal Surgery! And why not? A toe is as good as a tooth, and there are fewer of them.*

Resign the teeth to that excellent body of men—the dentists—and retaining the rest of the oral apparatus as the domain of the educated surgeon, by one of whom the most brilliant achievement of modern surgery has been effected in this department—Langenbeck's uranoplastic operation—peeling off the periosteum and fibromucous membrane from its bed, to close, with bone forming periosteum and fibro-mucous membrane apertures that nature, in her caprice had left open, and yet maintain connection with surrounding living structures.

In the domain of bold and daring surgery is the recent operation—exceptionally dangerous in its character—removal or partial removal of bronchocele by the knife—thyrotomy, as it might be called—an operation, according to Greene of Maine, warrantable only when a "certainty of death stands opposed to a possible chance of safety by operative procedure; giving the patient the chance, no matter now small it is, provided he or she make the choice, with a full understanding of the facts, and with no prompt-

* It must not be supposed that I aim a shaft at those who, with proficient knowledge in almost every department of our art, exhibit, by accident or otherwise, a predilection for certain departments of it. The educated surgeon is at liberty to select (and it is an advantage to the profession he should select, when and where he pleases. But a knowledge of the *whole* is an essential preparative to the successful study of a *part*.

ing by the surgeon," has been performed only about a dozen of times altogether, two-thirds of that number in the United States, and half of the remaining third, in part, by two distinguished members of this association, and without fatal consequences.

Early thoracentesis in pleural effusions occurring in the course of scarlatina, is now generally practised, and even the purulent collections are drawn off by an aspirating syringe.

Tapping the bladder with the fine tube of an aspirating syringe, in cases of retention of urine—in the opinion of M. L'Abbé, "a perfectly harmless operation, rarely followed by local tenderness or cystitis," and though it addresses itself to a symptom and not to a disease, diminishes the impermeability of the stricture and permits the easier passage of a catheter—an operation so easy as to induce M. Dieulafoy to assert that it is "painless, innocent, easy to execute and certain in result, requiring no special surgical knowledge or ability, and within the reach of all."

To obviate the necessity of resorting to this "painless," "innocent," and "certain" method, an American surgeon of eminence has introduced the vertebrated catheter (here exhibited) which, to read the description given, has a special affinity to natural passages. Between all these methods, and the old-fashioned cat gut, and the *coup sur coup* dilatation, and the forcible catheterism of Bitot, by a steel catheter of large size with a deep groove, and an olive-shaped head; if the subject of stricture now permits a fatal blocking up of the water conduit—he should, as Sir Boyle Roach would say, be indited for it.

Passing to the other emunctory, the rectum also permits liberties not hitherto supposed susceptible of, in being so dilatable that all the fingers and the thumb, and even the whole hand (if not more than $9\frac{1}{2}$ inches) may be introduced within its cavity, there to explore it, the bladder, and in the female, the uterus and ovaries. In stricture, in cases where dilatation is of no avail, the division of the bowel in its en-

tire thickness (including the sphincter) in the median dorsal line, is one of those eminently practical proceedings that one wonders it should so recently be introduced to the notice of the profession. Yet it is a safe and simple procedure, free from dangerous hemorrhage and from risk of wounding the peritoneum; and vastly preferable to the tedious and difficult operation of M. Verneuil—external rectotomy.

A few words more and I have done, much as I could desire treating of the surgery of the lower extremities, for which there is no time. What vast strides have been made in the higher Gynæcological surgery—the highest—the noblest department of our art inasmuch as it deals with organs and functions additional to those common in both sexes. The censure which, a few years ago, was heaped upon the surgeon who had the boldness to attempt the removal of an ovarian tumour would now, with greater justice, be meted to him who had not the courage to attempt it. From occasional success, the percentage of recoveries in Great Britain has steadily increased till the present time, when four out of five operations, in well selected cases, terminate favourably. On the continent of Europe the ill success that for a long time seemed to attend ovariectomy is now being improved. When in Vienna, in 1867, I was present at the eighth operation of the kind performed at the Krankenhaus—all of which had terminated fatally. But the success of Kæberle and others almost equals that of Keith or of Wells, and like that of those gentlemen, is steadily improving. In 1871, sixteen out of every twenty-two recovered; and in 1872, seventeen out of twenty-one; the number of failures diminishing from one-fourth to one-fifth. As an evidence of the interest now being taken in this department, no less than twenty-six papers have been published within the past six months, or upwards of 130 cases of complete ovariectomy, all presenting features of interest; but the method of removal which seems the most novel is that by enucleation, practiced in some instances in the United States, without

clamp, ligature, ecraseur or galvanic wire. But not diseased ovaries alone are removable with the knife, and from the womb itself, man's first resting-place from conception till birth from its substance or its cavity, the interior of which can now be explored as easily as the vagina itself, are removed growths *qui peuvent nuire*. The removal of the whole organ has been frequently practiced with success; and Mons. Pean claims for hysterotomy—partial or entire—a place among the regular operations of surgery. Even the gravid uterus, as it does not escape the inroad of disease, does not escape the knife, and in the early months of pregnancy the diseased os has been excised, and the patient has gone on to the full term of gestation.

I have not the courage, Mr. President and gentlemen, to detain you longer. While the science of surgery has undergone some changes, and the art has been advanced, simplified, improved, I must needs be content to lift a mere corner of the veil to obtain an imperfect glance at the more recent important changes in modern surgery—changes so recent as not yet to be embodied in works on systematic surgery.

And what share has Canada in advancing surgical science? Canada would seem to be a crucible in which German, French and British *science* is reduced to practical value, and made to serve as a foundation for our *art*. We, less deeply learned, less philosophical than the first, appropriate, and know how much, and how far, safely to appropriate, those seeming truths, a knowledge of which had been acquired by patient methodical study, which, in our altered circumstances, we are not yet able to conduct for ourselves. Less scientific than the second, less deeply versed in those laws they interpret so well, the immutability of which is the basis of all science, yet withal less speculative. With less leisure than the last to acquire knowledge for its own sake, we have time to seek only for its practical application for it would appear we, like Cato of old, estimate everything by what it produces, for even liberal knowledge with us is made to become *useful*

knowledge, is exalted into *scientific* excellence, looks for a result beyond itself, thence slides into an art, and is made to terminate in tangible fruit. In a word, we leave science no higher than we receive it, but we leave art certainly no lower. And which most, if not all, the achievements attained by means of manual dexterity and correct anatomical knowledge by our transatlantic brethren, have their counterpart here, the general laws on which are based certain principles and relations are, perhaps, less commonly understood. Separated from the busy teeming world of intellect, and placed where the struggle against external influence, like Darwin's animal creation, is keen and life long, if in this infant colony, we have not advanced the healing art, we have in no wise retarded it. The denizens of Paris, London, Vienna, have no adequate idea of the toil and fatigue endured by the early pioneers of this country who sought to bring to the maimed and the wounded the comforts of surgical aid. With what rude implements were fractures set, dislocations reduced and limbs removed. With, in country districts, forty or fifty miles intervening between surgeon and patient, representing almost as many hours of painful travel, those were not the days of conservative surgery, and many a person has hobbled about for the rest of his life on the dried trunk of a young sapling, whose leg would now, in any town or village of Canada, be preserved to him. The experience of old Nathan Smith is that of most men who have seen country life, where a goose quill has been improvised as a female catheter, and where amputation has more than once been neatly and quickly performed with the axe and adze, or chisel and mallet for toes and fingers, and for the arm or leg a jack-knife for the soft part and a wood saw for the bone. Let us not censure the surgeons of that period for their rough and well-meaning attempts. They were necessary and suited to the circumstances of each case.

Eighty-two years ago, Canada, then a wilderness, with here and there a village, there existed not a medical training

school on this vast continent. Now they are met with in every State of the adjoining Union, and in this Dominion alone there are something like a dozen, each vying with the other in claiming to advance the status of the profession. Every district has its well educated practitioners, some, indeed, of marked celebrity; while the large towns as Quebec, Toronto, Halifax, Kingston, St. John, Hamilton, Chatham, have hospitals with efficient staffs. Montreal has two, and numerous dispensaries, besides her three medical schools, and were a stranger to visit either hospital, both of which private charity has reared, he would see nothing in the appointments to remind him he was not in the famed *Krankenhaus* of Paris or Vienna. The strides in material prosperity have been almost unprecedented in this Dominion, and the progress in surgery and medicine has been coeval, the best illustration of which is the circumstance that each has its special follower, and while practitioners in the first division are content to be imitators of their trans-atlantic brethren, some (*quorum parva pars sum*) are so bold as to believe that operations, even the most hazardous, are here performed with dexterity, a *sang froid*, not inferior to what are exhibited in more favored Europe, and with a success, with modesty be it said, quite equal.

I have been almost tempted to place and group in relief certain features of surgical interest which Canada has had some small share in forming and in modelling. But the too immediate contact with those events and characters indispose me to treat of a subject which might lead me unwittingly to magnify, with undue importance, what is recent, and of the surface, and, perhaps, to belittle certain features which may not now be prominent, but which time will develop into more lasting lineaments of interest and usefulness. Some future medical artist, no doubt, will furnish the sketch, when the glance will be a retrospective one at those now quick with life who will then have become insensible to censure or to praise.

But one word of the present and I have done.

Do we not in Canada share fully in that tendency of the day, to regard surgery in its anatomical rather than its pathological aspect—to grope with the knife and to follow disease into deep and almost inaccessible structures, till it can scarcely be distinguished from the normal tissue around it, rather than to look in the seemingly healthy body itself for the source of the abnormality. From the nascent school of pathology, or rather pathological physiology, better things may be expected when surgery will not be a trade, nor a theatre for daring or desperate expedients, and when Macbeth's frenzied boast: "What man dare, I dare" * sublime courage in a soldier other than he,—cowardly and criminal in a surgeon—considering the armed condition of the one, the utter helplessness of the other—will find no one to re-echo it, no one to admire.

And although I believe with a distinguished writer, that "knowledge is one thing, virtue another—that good sense is not conscience, refinement is not humility," yet knowledge the most liberal, refinement the most cultivated, are not the less essential to one who aspires to be the intelligent instrument of Him who healeth our diseases. And although our institutions may have neither the prestige nor the status of those of favoured Europe, yet the advances in education have been such that aspirants for professional honours may easily and inexpensively obtain that liberal knowledge which should be acquired for its own sake—that knowledge which is a whole, and of which the sciences are merely parts; that liberal knowledge which is necessary to fit one for the proper study of any of the professions, and especially that of the healing art—that knowledge which "stands on its own pretensions, is independent of sequel, expects no compliment, refuses to be informed as it were by any end, or absorbed into any art," though it may be followed by the cultivation of any.

When this general knowledge shall have become the

* Words used recently by a writer in describing *me judice*, a rash and useless operation.

basis of professional knowledge, this liberal education (as distinguished from useful), the necessary ground work of the preface to scientific education, then, and only then, will surgery with her handmaid medicine, attain a true position, as intellectual in its nature as it is heavenly in its aim, affording as a science and as an art, full scope for the highest, the noblest, the most diversified powers of the mind; and methinks, without the wish or the power to prophecy, should the next seven years add as much to the storehouse of general knowledge, as the seven which have elapsed since the formation of this society, have added to the stock of special or professional—something of which I have ventured hurriedly to pencil, the sufferers, and those who unceasingly endeavor to bring relief to them, would be equal gainers. And may those who now so kindly listen to me, and him who speaks, if still among the quick, be there to see.

HOSPITAL REPORTS.

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

September 1st.—There are at present in Dr. Ross's wards three surgical cases of interest, in which operations have been performed within the past few days. They are:—

1st. *Calculus Vesicæ*.—The patient is a child of five years, of French Canadian parents; born and reared in Laprairie. First symptoms of stone appeared two years and half ago, and have since become rapidly more apparent. No hereditary history of the disease; child otherwise healthy. Stone first detected two or three days since. *Operation*—Chloroform being administered and the child secured in the usual position, Dr. Ross, assisted by Dr. McCallum, proceeded to perform lithotomy by the lateral incision. A stone was rapidly extracted having the appearance of a phosphatic calculus, and weighing two drachms. Urine flowed freely

through the wound, and there was no hemorrhage. On the fourth day urine flowed through the penis. This is the seventh day and the child is sitting up.

2nd Scirrhus Mammæ.—Right breast; glands of axilla unquestionably involved; commencing ulceration of skin in one part; patient aged 40 and cachectic looking; no hereditary history of cancer; is the mother of one child seventeen months old: never nursed it; it was fed entirely on the bottle.

Operation.—Assisted by Dr. Maccallum, Dr. Ross proceeded to remove the gland by the ordinary elliptical incision, but on reaching the axillary region, found the glands so glued together, and infiltrated as to render it impracticable to remove all those diseased, although he succeeded in enucleating a great proportion. Three or four glands in the infra-clavicular region could be felt also to be enlarged. The hemorrhage was much less than is ordinarily experienced in this operation. The edges were brought in nice apposition by wire interrupted sutures, and the wound dressed with carbolic lotion.

3rd. Railway Accident—The subject is a pale delicate looking youth of 19, but who has apparently enjoyed very good health. Is a brakesman on the Grand Trunk Railway, and tells the following story: On the afternoon of the 29th August (three days since) while in the act of coupling an engine to a car on the road near St. Johns, the coupling pin broke, and he was caught between the cow-catcher of the engine and the box of the car, the sharp iron rim of the former striking his left leg and causing the mischief to be described. The injury was temporarily done up, and he was sent to this hospital.

It was found on removing the dressing that both bones of the leg were fractured about three inches above the ankle. A wound four inches in length and gaping, with shreds of muscular and fibrous tissue protruding extended along the line of the fibula to near the ankle joint. The

finger could be readily passed round in all directions between the skin and subjacent parts; the skin had a sloughy look in places. The muscles appeared very much lacerated, and there was evidently great comminution of the bones; pulse 130; face anxious; great pain.

Drs. MacCallum and Fenwick saw the case with Dr. Ross, and in the opinion of all it was decided the limb could not be saved. The operation was accordingly performed by making an anterior and posterior flap with the scalpel alone, the bones being sawed about six inches below the knee joint. It was conceded by all that transfixion of the posterior flap is the more expeditious plan. All the soft parts were found very much bruised. The posterior tibial artery was found to be plugged by a firm clot, and did not bleed when pressure was removed. Half an inch of the vessel was snipped off, after which it bled, and was ligatured. The anterior tibial was pervious. The cut surfaces were bathed with weak carbolic lotion, and dressings of the same fluid applied. An hour after the operation the pulse was 140, full and regular. The day following he was suffering little or no pain; pulse 136; temperature 103; lower flap cool and of a mottled hue; took nourishment well. To-day the stump is 100 2-5; pulse 128; an erysipelatous blush extends half way up inner side of thigh; on removing dressing found lower flap cooler than rest of leg; a very small circumscribed slough was noticed at centre of lower flap; three sutures removed; stump injected with carbolic solution 1 to 30; carbolic dressings again applied.

Sept. 2nd.—The consulting staff of the hospital were called together to-day to witness the operation of *lithotomy* in a case under Dr. MacCallum's care. The subject was a male child of seven years, who, according to the account given by the mother, must have suffered from stone for three years. He was born and brought up in Montreal, is of Irish parentage, and there is no hereditary history of calculus. The lateral operation was performed by Dr. MacCallum most successfully, with the result of extracting a small but

extremely hard and nodulated stone—weight 36 grains. No hemorrhage followed the operation, and the little fellow was exceedingly comfortable after the effect of the chloroform had passed off. The urine flowed freely through the wound during the afternoon and evening.

At four o'clock this afternoon an Englishman of gentlemanly bearing, aged about 35, by profession an architect and civil engineer, was brought into the hospital, having been injured while in the act of jumping from the front platform of one of the street cars in motion. On examination he was found to have sustained the following injuries: A jagged wound four inches in length extended upwards from the inner side of the left elbow, and through it a large bundle of fibres of the biceps muscle protruded; the brachial artery could be felt pulsating through this wound, and pulse was felt at the wrist; slight oozing, chiefly venous. Of the bones composing the joint the only one fractured was the humerus, across and between the condyles, a triangular portion about an inch in length, being entirely separated; the joint was exposed and opened. There were two smaller wounds through which the point of the finger could with difficulty be passed, on the outer aspect of the joint. On the right forehead was a triangular scalp wound having one side two inches and the other an inch and a half in length; no injury to the skull. He was in a condition of collapse; extremities cold; temperature of entire general surface below normal; pulse almost imperceptible, indeed could not be counted.

All the wounds were injected with carbolic solution, 1 to 20, sutures and carbolic dressing applied, and the entire limb swathed in cotton, wool and flannel bandages to assist any reaction that might ensue; the limb was laid on a pillow. Champagne and beef tea were freely administered but the re-action was long delayed. At ten p.m., loss of power in the lower extremities was noticed for the first time; there was also free hemorrhage from the large wound in the arm. Everything considered, it was decided by Dr.

Fenwick, with Dr. Ross in consultation, that to remove the limb and thus effectually arrest the hemorrhage, was the proper course to pursue. Chloroform was accordingly administered, and the double flap operation rapidly performed, the limb being removed at the middle third of the humerus. After the operation the pulse was 130, and of better volume than before. He rallied slightly for a couple of hours, after which he became rapidly unconscious, and died about seven o'clock the following morning.

On post-mortem examination the following appearances were found: The bone in the position of the scalp wound was found uninjured. On removing the calvarium about half a pint of blood escaped, and the dura mater bled freely from innumerable points. This membrane had to be cut away from the entire length of the hemispheres on account of the great size and tenacity of the Pacchionian bodies. The arachnoid beneath was milky and œdematous looking, and large engorged veins traversed the surface of both hemispheres. In the serum effused beneath the arachnoid could be seen here and there flocculi of lymph floating in the spaces between the convolutions, while at the base of the brain the membrane enclosing the arachnoidean spaces was bulged out with the effused fluid within. The punctæ bled freely on incising the hemispheres, and all the ventricles were full of serum. The cord was also examined, and a similar state of things discovered, viz., blood effused external to the dura mater, and abundance of serum within the arachnoid, the gradual accumulation of which would no doubt account for the gradual paraplegia. The substance of the cord appeared unaltered. The other viscera were examined with a negative result.

This evening about 8 o'clock an accident which also proved fatal was brought in. It appears the subject, a French Canadian labourer on the wharf, aged about 40, who had been engaged only a few hours, was running round the corner of Messrs. Allan's shed with a hand cart, when the

freight train coming swiftly up the grade struck him with awful violence, and threw him to some considerable distance. On examination he was found to have sustained, in all probability, fracture of the base of the skull, as there was free bleeding from the left ear; fracture of seven ribs on the left side from the second to the eighth inclusive, in the position of their greatest curvature; and fracture through left ileum about the centre of the crest, and extending probably to the acetabulum. He was in a semi-conscious condition, but cried out lustily when disturbed, as in examining his injuries; pulse 90, and weak; he took the stimulant offered him when thoroughly roused. The motion of the injured side was controlled by broad strips of adhesive plaster extending from sternum to spine, and supplemented with a flannel bandage. The pelvis was also bound tightly with a flannel bandage. Cold was applied to the head, and heat to the extremities. In a couple of hours after admission he became quite comatose, in which state he lived twelve hours.

Sept. 4th.—The post mortem appearances in the case of the French Canadian injured on the wharf the evening before last, were as follows: extensive ecchymosis beneath the scalp covering the left temporal and parietal regions, and corresponding to this, within the skull was found a firm black clot of the size and shape of the normal spleen, being plano-convex. The convexity corresponding to the arched shape of the skull, the plane surface to the brain, the latter being pressed aside and flattened to make room for this mass. Below it rested against the tentorium and petrous bone. The entire dura mater covering the left hemisphere was deeply stained with blood, while the arachnoid and substance of the brain presented nothing abnormal. A fracture of the base of the skull diagnosed during life, extended through the entire length of the petrous and upwards and backwards through the squamous portion of the temporal and parietal bones, being in all about four inches in length.

Of the other injuries, the seven *ribs* were examined and removed. A portion of the left lung was caught in the fractured portions of the third and fourth ribs, and had already assumed a gangrenous look. The entire left lung was deeply congested. The heart was uninjured. There was nothing abnormal in the other organs. The pelvis was not examined.

Case of Consecutive Syphilis ; brain complication. Recovery. Under the care of DR. ROSS. Reported by Mr. J. T. MOORE.

C. A., aged 27, a well developed man, by occupation a bargeman, was admitted to the Montreal General Hospital on the 29 July, 1873. He gave the following history :

In May, 1870, he contracted a chancre which must have been purely syphilitic, as he remembers he was ordered the iodide of potassium and sarsaparilla, and he afterwards suffered for some weeks from a troublesome sore throat and ulcerated mouth, for which he likewise received medical aid. He had been a hard drinker, but since he contracted the chancre has been very temperate, being warned of the consequences of intemperance. About the beginning of this year, or some six months before admission, he was frequently troubled with fainting fits, and would often stagger as he walked the street. From this he appears to have recovered sufficiently in five or six weeks to resume work. He caught a severe cold however, soon after, which, in his debilitated condition, took a strong hold of him. He now for the first time complained of severe head ache. Neuralgic pains corresponding to the orbital and supraorbital regions, and almost incessant in character. There were also nocturnal pains in the shin and other superficial bones, with probably periosteal swellings, but of these he is not so certain. He never appears to have been free from pain, excepting perhaps, for an hour or two each afternoon. His urine seems to

have been very high coloured also at this time. He constantly vomited his food. This state of things continued for about three months previous to admission to hospital on the 29th July. A large quantity of some preparation of mercury was, he says, administered to him during this last illness by some unqualified practitioner into whose hands he fell.

On admission there were evident signs of mercurial salivation. Tongue and throat ulcerated, &c. There are now very noticeable nodosities on the shin bones, with enlargement and induration of the post cervical and inguinal glands; impairment of memory; peculiar staring expression, with some difference in the two sides of the face as though there was partially developed paralysis of the 7th nerve on the right side. He complains at night of agonizing pain in the head of a lancinating character. He was ordered ten grain doses of the iodide with tincture of bark. In forty-eight hours after admission, the paralysis of the 7th nerve suspected fully developed itself, and he also became quite deaf and stupid. He still vomits at times after eating; appetite poor. When the pains in the head become very severe it is almost impossible to keep him in bed, and the morning after admission he was found at the other end of the building lying on the gallery in a state of nudity. His intellect is evidently rapidly giving way. The food and drink he takes constantly run out of the corner of his mouth, which annoys him exceedingly. The pulse is 60; temperature normal; bowels constipated. Is ordered a purgative and hypodermic injection of morphia, gr. $\frac{1}{4}$ at bed-time each night.

August 6th.—Slept pretty well since the hypodermics were ordered. He is extremely weak; heart's action feeble; extremities cold; features pinched; pulse 58; takes his beef tea and milk reluctantly; articulation labored; is not readily understood.

August 13.—His condition for the past week has been almost unchanged. To-day, however, is noticed for the

first time a want of power in the left arm and leg. He himself, however, asserts that he has felt symptoms of this condition coming on for the past four or five weeks ; how much his statement is to be credited is another matter.

August 14th—He slept well during the night, but this morning about 6 o'clock fell out of bed, and has since been unconscious. He has at intervals slight general convulsive twitches, approaching at times a genuine paroxysm. Pulse 70 ; temperature $97\frac{1}{2}$ in both axillæ ; heart's action still extremely feeble, being scarcely audible. Ordered an enema of castor oil and turpentine, which brought away a small stool.

August 15th—A change for the better in the symptoms noticed yesterday, occurred during the night. He is still however very morose and stubborn, refuses his food, and speaks in a mumbling drawling manner. The want of power is especially noticeable in the arm, the left leg being to all appearances little if at all affected. This afternoon he took a bad turn, becoming semi-delirious and talking incoherently. It lasted only a short time.

August 18th—This morning, although the hemiplegia is much improved, he has become quite delirious and unmanageable, getting out of bed and annoying the other patients in the ward by his shouting, &c. It is found necessary to tie him in bed, and towards evening he was removed to the padded cell used for delirium tremens cases. Here he refused to keep in bed, and had also to be secured, although he resisted most strenuously. He got a dose of chloral grs. xx., which had little or no effect, but a repetition put him into a sound sleep which lasted for some six hours. Before going to sleep he had taken some four ounces of brandy, his pulse being so extremely shabby.

August 20th—Yesterday he remained in somewhat the same semi-conscious condition of the day and night previous, but this morning a decided change for the better has taken place. He is however not quite clear in intellect

at times, being under the impression that he has been imprisoned, which by the way is not to be wondered at considering his surroundings—the barred windows, padded walls, bolted doors, &c. However there is more than the mere associations of the place producing these illusions; as he has a vivid recollection of some grievous wrong done, and talks in the most excited manner at times of the trial that is to take place, &c. His pulse to-day is 80; temperature normal; appetite increasing, eating in fact with a relish, and asking for more substantial food than broth and milk. He is still stone deaf, but perfectly comprehends written answers.

He continued to improve rapidly from this date forward, gaining strength and flesh, and sleeping soundly. The facial paralysis, however, remained unaltered, so that the saliva and drink he took constantly flowed from the corner of his mouth. His hearing also remained impaired, although at the time of his discharge he could understand when loudly spoken to.

He left the hospital for his home near New York city on the 5th September.

Case of Severe General Concussion with Fracture of five bones, and possibly of the skull.—Serious Brain Symptoms.—Recovery, under the care of Dr. Drake—Reported by MR. J. C. CAMERON, House Apothecary, Montreal General Hospital.

A. B., aged 29, by occupation a commercial traveller, of athletic build and temperate habits, was brought to the Montreal General Hospital early on the morning of the 11th March, 1873, suffering from injuries received while attempting to escape from the fourth storey window of the St. James' Hotel during its conflagration. All chance of escape by the ordinary staircase and roof having been cut off, he endeavored to lower himself to the street below by

means of the bedclothes ; one of the first knots gave way and he was precipitated to the hard pavement beneath.

On admission he was in a semi-conscious condition, but aroused readily, and on examination the following injuries were discovered :—

Left Arm.—Simple fracture of radius and ulna one inch above wrist ; compound fracture of ulna at upper third.

Right Arm.—Simple fracture of radius and ulna about one inch above wrist joint.

Pelvis.—A triangular portion of the crest of the ilium was found to be separated from the rest of the bone as evidenced by grasping the anterior superior spinous process of the left side, when distinct crepitus was felt.

Head.—A severe contusion above and to the inner side of the left orbit, but no depression of the bone could be made out. A fissure is suspected.

He complained greatly of pain, especially in the back and hips.

Treatment.—The right arm was put up with two straight splints thoroughly padded ; left arm with a single anterior splint ; the motion of the pelvis was controlled by strips of adhesive plaster and a broad flannel bandage, the thigh being slightly bent on the hip. He was ordered iced champagne ; sinapisms to the epigastrium and calves of the legs ; and a draught containing a drachm of morphia solution.

About twenty minutes after admission he commenced to vomit large quantities of blood mixed with bile, resembling coffee-grounds in appearance. His left arm became so painful that it was found necessary to re-arrange it. The back, meantime, caused him great agony. His pulse became weaker and weaker. Stimulants were given liberally, but the vomiting persisted, when it was thought advisable to try the effect of a hypodermic injection of solution of ergotine. Eight grains were accordingly administered with the effect of immediately arresting the hemorrhage and vomiting. He soon fell into a tranquil slumber. The

pulse, meantime, was very rapid but comparatively full considering the extent of injury. He was catheterized, and about ten ounces of bloody urine drawn off.

At noon of the same day the patient was still extremely weak and feverish; still vomiting blood at intervals; eyes completely closed by ecchymosis; no sclerotic visible by reason of extravasation; appearance very ghastly. Ice bags were applied to the head; ice and beef tea internally.

March 12th.—Great pain in back and hips, especially the left; back of head and neck very tender and sore to touch; restless and delirious; no paralysis or loss of sensation in either extremity, but the left leg was crippled by the fracture of the pelvis before described; still necessary to employ the catheter; great intolerance of light; pupils normal, though inclined to dilate; very cross and irritable.

March 20th.—Nothing remarkable has occurred in the symptoms for the past eight days. The vomiting continued to a greater or less extent up to three days since. Altogether he has kept gradually improving; swelling of face is going down; eyes are assuming a more natural appearance.

March 30th.—Since admission he could not or would not use the bed pan, so that it was found necessary to lift him to the night chair when his bowels required to be moved. It was noticed that when he assumed the sitting posture a copious watery discharge flowed in a constant stream from his left nostril. Some of this fluid was collected and examined for albumen with a negative result. This discharge never appeared at any other time than when the head was thrown forward as in sitting, and then it was persistent and beyond his control. The neck and head are still painful. To-day, through the mistaken kindness of friends, and unknown to his attendants, he partook of some rich pastry, and felt much worse at night in consequence.

March 31st.—Quite delirious ; tongue dry and brown ; occasional vomiting ; refuses all food ; sleep much disturbed.

April 7th.—Continued improving till yesterday, when he partook of too much rich food,—vomiting large quantities of bilious matter ; complained of paroxysmal pain in forehead, and back of head and neck.

April 8th.—Passed a restless night ; nausea and vomiting continue. In the afternoon the vomiting returned. He is known to be predisposed to bilious attacks. An hypodermic injection of morphia was given with iced champagne, &c. The compound fracture was dressed to-day and everything found favorable.

April 9th.—It was thought as the vomiting continued, that the morphia might have had some share in its production, consequently to induce sleep Dr. Drake ordered a hypodermic injection of the sulphate of Atropia in two doses of the thirty-sixth of a grain. The condition of the patient at this time became so critical that a careful record of the daily temperatures was now begun, and which, it is to be regretted, cannot be presented in tabular form owing to the trouble incurred.

April 17th.—for the past three days he has been improving again, but this evening the temperature ran up suddenly till at 7 p.m. it reached 104 2-5 ; pupils widely dilated, and partially insensible to light ; severe paroxysmal pain in forehead, neck and back ; food obstinately refused.

April 18th.—Delirium and pain much abated ; pupils still dilated and contract very sluggishly ; is very drowsy and apathetic ; sleeps nearly all the time ; with great trouble he is induced to swallow small quantities of beef juice ; temperature 105 1-5. Dr. Fenwick saw the patient in consultation this afternoon. A thorough physical examination elicited the following : great emaciation noticeable since even a very few days ; left leg much more emaciated than right ; chest expansion less marked on the right side ; very

faint vesicular breathing, and a few moist sounds at base of right lung; pulse full but jerking in character. The mental condition was as described above. He makes water in bed.

April 19th.—Slept very well during the night; temp. 102 1-5. For the past day or two something approaching Bell's paralysis has been noticed, the face being slightly drawn to the right side, and the eyelid of the opposite side does not close as tightly as it should. A short hacking cough also troubles him very much, and increases his irritable condition. He appears to be quite unconscious, and certainly does not recognize those around him. An examination of the urine elicited the following: Reaction alkaline; sp. gr. 1020; loaded with albumen; yields a heavy deposit on standing, which, under the microscope was found to be largely composed of lithates and triple phosphates; no casts. His bowels not having moved for three days, an enema of castor oil and turpentine was administered, with the result of bringing away a copious stool. The bladder was also washed out with four ounces of tepid water, containing fifteen minims of laudanum.

April 23rd.—Urine still passed involuntarily; still alkaline but contains less albumen than before. It is thought the albumen may be due to the condition of his bladder which is the seat of more or less inflammation as evidenced by a deposit of muco-pus in the urine after it had stood for some hours. The bladder is now regularly washed out daily. He still lies in the same stupid mood, but complains bitterly when his head is moved; temperature 103 2-5. His favorite position is the right side. The pupils act better than for the past few days. A draught containing twenty grains of chloral is ordered for each night.

April 28th.—For the past five days his condition has been almost unchanged, but if anything he has been growing weaker. He has had frightful dreams at times, and on two or three occasions has acted his part at the fire over again; sometimes screaming at the top of his voice and becoming

almost unmanageable. It was found necessary to strap him to the bed for some hours one night, having worn out the strength and patience of his attendants. It has been thought improbable that his life will be spared; temperature yesterday 104 3-5.

To-day, however the temperature has suddenly fallen to 98, and a marked change for the better is noticeable. His mind is more tranquil, and he can be reasoned with and recognizes, as one waking from a dream, those around him. The features have lost a good deal of their pinched appearance, and the partial paralysis noticed on a former occasion, and which has persisted in a more or less degree ever since, is scarcely appreciable. At times, however, he is still very nervous and excitable, crying bitterly, or screaming out when things are not done exactly to his fancy. The urine to-day is acid. The temperature is still, however, higher than normal towards evening, and the pulse varies very much even within a short time. Hopes are now entertained of his ultimate recovery. The usual draught of chloral is to be replaced to-night by one containing a drachm Bromide of Potassium with half a drachm of the fluid extract of *Hyoscyamus*.

May 3rd.—Has been steadily improving since the 28th April. However, at times even yet, he is exceedingly fretful and childish in his behaviour, and when all is still at night will occasionally awake in a frightened manner and scream most lustily till the whole house is roused. He reminds one very much of a person in the nightmare, refusing to be pacified. The pulse now, however, is only 80, regular and of good volume; temperature normal. Has been moved to other quarters and appears to be much pleased and better for the change. The splints from the right arm have been removed showing an admirable result. The left arm was encased in a starch bandage three days ago, but he complains so much of a neuralgic pain extending along the ulnar aspect of the forearm and hand, (and which, of course, he attributes to the disease), that it is

found necessary to remove it and substitute an anterior splint with very light bandaging. The compound fracture of the ulna is yet very indifferently united. The external wound, however, has been healed for some weeks.

The patient steadily improved from this time forward, and left the hospital for the country on the 27th May, in a very fair condition of health.

This case was, in many respects, obscure, and no reasonable explanation could be given of the delirium, paroxysmal pain, and remarkable range of temperature. At one time his symptoms were ascribed to shock and concussion; at another, fissure of the frontal bone was suspected; while still again cerebral abscess was regarded as being not improbable. By looking at the temperature chart it will be seen that it followed no rule, but rose and fell with great rapidity at times, running up on one occasion as much as $6\frac{2}{3}$ degrees within twelve hours. The great pain in the frontal and occipital regions, and back of neck; the dry parched tongue; the marked and protracted intolerance of light, with widely dilated sluggish pupils; alternating retention and incontinence of urine; constipation; nausea and vomiting; and delirium, at times active, and again low and muttering; all pointed to some inflammatory action going on in the brain or its membranes. But the symptoms occurred in such an irregular and anomalous manner, and were at times so contradictory, that it was impossible to determine satisfactorily the exact nature of the lesion, or its probable cause.

Reviews and Notices of Books.

The Student's Guide to Medical Diagnosis.—By SAMUEL FENWICK, M. D., F.R.C.P., Assistant Physician to the the London Hospital. From the third Revised and Enlarged English Edition, with 84 illustrations on wood. 8 vo. pp. 320. Philadelphia, Henry C. Lea, 1873.

This book is one of those modern *vade mecum*s, which from their containing so much in such a small space, and being so quick and easy of reference have come greatly into vogue amongst students of present years. A man preparing for examinations in medicine is now required to possess a knowledge of so many more subjects than was formerly the case, whilst the time to do it in has remained exactly the same, that it becomes almost a necessity for him to have his materials to some extent *concentrated* for him. *Practical* examinations—that is actual *clinical* examinations at the bedside in the Hospital, are now very properly included amongst the tests of proficiency of all candidates at most of the principal British and foreign Universities, and from year to year it may be noticed that more and more importance is attached to the answering on these occasions. It is here that a knowledge of the means in general use for the investigation of the physical signs of disease, as well as acquaintance with their interpretation, and with the various subjective symptoms presented, comes to be essential to his arriving ultimately at a logical conclusion concerning their significance. In other words he is called upon to show his capability for accurate *Diagnosis* upon which in after years, without doubt, all his future successes as a physician must necessarily depend. Condensed aids to medical diagnosis ought therefore to be looked upon as very useful to hospital and advanced students and to junior practitioners as well, and regarding the present work we need only say that it seems, considering its small size, and the large amount of

ground it has to cover, to be as complete as is possible. The plan adopted is that of dividing all the diseases of each organ into groups, by fixing upon some well-marked character which is possessed by some in common but which is wanting in others; and in the same way to divide and sub-divide each group. This seems to be a useful method of procedure, especially as it is apt to impress the mind with the leading and prominent features of such affection, together with a recollection of the somewhat resembling diseases from which the one under consideration required to be distinguished.

We cannot say that we find inaccuracies absolutely absent, and when present, from the necessarily dogmatic and unqualified statements of such a concise work, they tend to leave very erroneous impressions—impressions, too, which the student will find it hard to rid himself of. For instance, when speaking of the confessedly difficult diagnosis between typhoid fever and acute miliary phthisis, it is said “acute phthisis is distinguished from typhoid fever by the cough and difficulty of breathing, which appear earlier, and are more intense in the former, by the lower temperature, and the presence of the stethoscopic signs of tubercle when these exist.” Now this may sometimes and in the main be correct, but we confess to thinking that the student who looks to *lower temperatures* as one of the positive distinctions of acute phthisis will inevitably often find himself mistaken,—for we have seen cases where the temperatures have ranged continuously *much higher* than in the typical or average case of enteric fever—and yet to an inexperienced person the opposite would seem to be always the case. Other similar faults might be pointed out, but it must be admitted that it is the necessarily narrow limits of the work which forbid that hesitation and qualifying of positive statements which finds place in any intelligent treatise of more room when matters of difficult diagnosis are concerned. *

It is illustrated with 84 wood-cuts, principally from standard authors, and well selected.

The Pathology and treatment of Diseases of the Skin, by J. N. MILTON, Senior Surgeon to St. John's Hospital for diseases of the skin, Corresponding Member of the New York Dermatological Society, etc. 8 vo. pp. 348. London. Robert Hardwicke, 1872.

The treatment of any disease or class of diseases is nearly always that which gives rise to the greatest diversity of opinions owing principally to the numerous practical and theoretical difficulties which surround our attempts at ascertaining the true physiological actions and *modus operandi* of any given remedy. Further, accuracy of diagnosis is absolutely essential to the correct determination of the therapeutical value of any curative agent, and probably in no class of diseases is there more blending together and overlapping of the species composing it than in that under consideration, the skin diseases. Although, however, the study of dermatology is confessedly difficult, yet the importance of these affections, their extreme commonness, the inveteracy of many of their varieties, and the great suffering they are capable of producing, all combine to impress us with the necessity of every general practitioner being fully acquainted with the very best rational means to be adopted for their relief and if possible their cure. Mr. Milton's book therefore we consider very acceptable as embodying his clinical experience as derived from observations at the largest special hospital of the British Metropolis during a term of years. Besides giving a general resumé of the methods of practice at present recommended for each disease by the most eminent living and recent authorities, our author supplements this by much practical matter and is always ready to give expression to his own views and ideas on the subject. Indeed, we think, if there be a fault, it is that he is apt to be a little too dogmatic and authoritative, sometimes laying down the law quite fiercely and glorying in upsetting to his own satisfaction, some hitherto well-established doctrine of treatment. At any rate this is a fault on the right side, for we

prefer to find our author enthusiastic and energetic and willing to show grounds for his belief, rather than tamely submitting to follow in worn groves, only he must not carry this too far.

In accordance with the practical character of the work, the simplest classification possible has been adopted, viz., that of Willan, and in this we think he has done well. In the chapter on Eczema, besides the treatment, the author discusses its nature, its anatomical seat, its contagiousness, its hereditary properties, and the supposed danger of healing up an eruption of this character—and much that is interesting is to be obtained from its perusal; but we cannot say that on every point we would be ready to agree with Mr. Milton in his selection of diet and regimen. For example, he says, “there is one article of diet for the little folks, when suffering from bad eczema, syphilis, or severe scabies, which I give to an extent that will probably excite scepticism, when I announce it. I am quite prepared for this, having repeatedly noticed the surprise and incredulity which the statement almost always elicits. However, it is a question of fact, not credibility. The article I allude to is pale brandy, and the amount given is four, five, or even six tablespoonfuls a day to children under a year old.” This exordium reminds us of a marvel-mongering friend who generally prefaces his Munchasian stories with—“you will hardly believe what I am going to tell you, but it is a fact.” Now, we are not tee-total in our principles or our practice, but we must confess it will need a stronger recommendation than Mr. Milton’s to induce us to daily inebriate an eczematous infantile patient with 3 oz. of strong French brandy.

Speaking of the employment of belladonna in and before scarlatina, the author is of opinion that this drug really is beneficial, though perhaps not to the extent claimed for it. For he says, “even supposing this view (that it is as useful against scarlet fever as vaccination against small-pox) to be overdrawn, enough still remains to show that belladonna

does exert control over scarlatina, and that there is every reason to believe, if it were freely and judiciously used at the outbreak of an epidemic, the number of fatal or even serious cases would be materially diminished."

On the subject of small-pox there is nothing new, and the old and exploded sarracenia purpurea comes in for a much larger share of attention than its absolute inertness deserves. The absurd and unsustained statements of Charles Miles, made 10 years ago, being quoted, although not confirmed. We may mention that about this time the repeated failures of this drug to exhibit any therapeutical action, when tested at the Montreal General Hospital, were published in this journal.

Some interesting cases of leprosy are detailed, and are rendered still more valuable by the addition of very excellent photographs.

An Introduction to the Study of Clinical Medicines: being a Guide to the Investigation of Disease for the Use of Students, by OCTAVIUS STURGES, M.D., Cantab., Fellow of the Royal College of Physicians, and Assistant Physician to the Westminster Hospital. 8 vo: pp. 127. Philadelphia: Henry C. Lea, 1873.

On reading this little book we cannot help being struck by its comprehensive and methodical arrangement. The author aims at producing a manual, which may supply suggestions, which do not fall within the province of set treatises, but yet, may be interposed with advantage between the book description and the study of the living thing.—Above all he gives the study a method upon which to work. This method is not insisted upon as being necessarily the best, but it is offered to the beginner, and he is left free to adopt it or improve upon it as he may see fit. The importance of method in diagnosis cannot be overrated. It is useful in all branches of study, and its importance has been recognised by one of the greatest Clinical teachers of the present day, (we refer to Sir W. Jenner), whom we have heard tell his class at a post-mortem, "gentlemen, in examining the heart, I do not care where you

"begin, provided that you begin always at the same place. "You may open the right heart first, or the left but let me impress this upon you, whichever way you adopt, stick to "it." Dr. Sturges supplies a method which we are sure most students, and not a few practitioners, will find it advantageous to study. The author does not expect or wish the student to slavishly adhere to the plan which he gives him, but, so to adapt it to the bent of his own mind, and shape it according to his growing experience, that it may become in course of time, his own property.

Unlike some other manuals of clinical medicine, which are no doubt valuable, and a great assistance to both student and practitioner, the one before us is not a condensed text-book of Practice of Medicine, with a summary, necessarily incomplete, of symptoms and pathology, but it supplies a sort of general formula to work out the problem which is set before us, in every new case of disease with which we meet.

In speaking of the difficulty of the task which he has set before himself, Dr. Struges says, page 13 :

"It may be taken for granted, I think, that no chart or book of instructions can foresee or provide against the many difficulties and sources of error which beset the student in his first analysis of those complex phenomena which are so precisely detailed to him in formal treatises. It should, in fact, be frankly admitted at this stage of his career, that the obscurity and doubt in which he finds himself is not wholly due to his own inexperience, but also, in a measure inherent to the subject itself. The explicit statements and sharply-defined distinctions and classifications of the books have no precise counterpart in nature. It is right and fair that the student should know that there is more of uncertainty and failure and surprise in actual practice than he would be led to expect from systematic lectures, and not be left to wholly over-rate the really wide difference between his own early powers of diagnosis and the degree of precision of which the subject is capable."

The student is urged to examine for himself and to form his own opinions and to form his own judgment, and this manual is intended, in so far as a book can, to supply the training necessary to make the knowledge obtained in the class-room available. Too much dependence is not to be put on the many modern aids to diagnosis, and skill in the use of implements and familiarity with the most recent im-

provements cannot take the place of "that careful scrutiny of the patient which was necessary in darker times."

A plan is drawn up, which the author divides into sections A, B, C, D and E. A is the general survey, including the history and appearance and state of the functions. B, the examination of the regions. C, examination of the secretions. D, the diagnosis. E, the treatment. Before taking up each section in detail, some general rules with reference to the examination of patients are given. The part of the book devoted to the examination of the thorax and its contents is especially practical and valuable. A special section each, is devoted to percussion and auscultation, where the reader will find much that is useful, and perhaps something that is new.

In section IX the condition of the abdomen is taken up, as determined by its inspection and examination with the hands, and percussion, as well as by the physical and chemical analysis of the evacuations and secretions.

In the section on diagnosis we read as follows, p. 116. "Diagnosis, to be correct, should be methodical, deliberate, "interrogating each function in an unvarying order, and "repressing conclusions until the time comes for reviewing the symptoms as a whole. By giving a weight and "significance to each symptom as soon as it is encountered, "we do but increase the difficulty of determining hereafter "their common leaning and mutual relationship." At page 118 we have the following remarks: "Readiness in diagnosis often means nothing more than ingenious or audacious guessing. It is to be attained—or the semblance of "it—either by neglecting to take into account the presence "of certain symptoms which go to contradict our conclusion or by failing to notice others which are necessary to "establish them. A superficial and partial view of a case "will thus often seem to justify a diagnosis which a deeper "scrutiny shows to be untenable."

While speaking of the treatment of disease, several practical hints are given.

Dr. Struges is to be congratulated upon the masterly and systematic manner in which he has discharged his difficult task, and every student of Medicine will do well to study attentively the book now before us, which guides and instructs him, and at the same time does not burden him with a mass of facts, or repeat the instruction of the lecture room. The book is neatly bound and the type is good, as Mr. Lea's publications always are.

CANADA

Medical and Surgical Journal.

THE CANADA MEDICAL AND SURGICAL JOURNAL.

AN EXPLANATION.

In consequence of changes which we have thought proper to make, considerable delay has ensued in the publication of the October number of this Journal. We did hope to be able to deliver the Journal to subscribers during the month of October, but failed. The November number is also in hand, and will be published during the month. In making this announcement we must apologise to our subscribers for the delay, and at the same time assure them that in future we will endeavour to appear with regularity.

REGISTER OF BIRTHS, MARRIAGES AND DEATHS.

We trust that at the ensuing session of Parliament this very important matter of uniform registration will be fully discussed, and a bill submitted which will answer the requirements of the country. We are told it is a subject for the action of the Local Legislature; if this is the case it is a mistake which should be remedied without delay. Registration to be of use, so that vital statistics may be reliable, should be general throughout the Dominion. A general system is needed. We have observed with gratification that in our sister province of Ontario a registration act has been introduced, and is, we believe, in full operation. The other Provinces are adopting similar acts, while we in Quebec are satisfied to remain as we were

one hundred years ago. This is certainly a reflection on our advanced civilization and one calculated to bring a blush of shame to the thinking members of our Local Legislature. Certainly, an act emanating from the House of Commons and operative throughout the Dominion is what is needed; failing to obtain such a measure we will have to put up with the next best thing. There are many matters of general interest connected with vital statistics which demand legislative action, because without an act of Parliament, local Boards of Health are powerless. They may be able to point out what ought to be done and how to do it; but how are they to enforce their suggestions. For instance, it is proved by scientific observation that a fruitful source of disease and death is over-crowding. This, we think, is so self evident that it does not require the additional force of scientific investigation to demonstrate. Is it not open to all men to note the amazing difference between the death rate of large cities and rural districts? When we see in large cities an annual mortality ranging between thirty-five and forty per thousand of the inhabitants, and at the same time in the contiguous country parishes the death rate sinking to from seven to fifteen per thousand we should surely seek for a cause. Should we not take advantage of the experience of other communities? When it is known that in as large a city as London, the annual death rate a few years ago was over forty per thousand of its inhabitants, and that by the judicious enactments of sanitary reforms the mortality has been reduced one half, should we not endeavour to follow in a like course and with earnest perseverance seek to obtain the powers to compel by law, and carry out measures which would tell on our numerical strength in the course of a quarter of a century. Why should there be in Canada "a voice heard, lamentation, and weeping, and great mourning?" Why should we be compelled to weep for our children, and refuse to be comforted because they are not? Have we in our own hands the remedy?

WHOLESALE PILFERING.

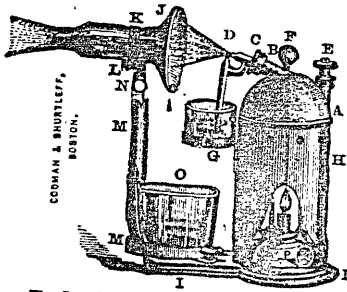
The editor of the *Canada Lancet*, in his September No., announces the enlargement of his journal, and states:—
“ This we have been forced to do, owing to the amount of
“ pressure on our advertising space, and the increased
“ supply of original communications, many of which had to
“ be held over from month to month, for want of room.”
It will hardly be credited that the *Lancet* publishes in its original department of this same number, two papers from the pen of Dr. R. P. Howard, of this city, one which appeared in the December, 1872, No. of the *Canada Medical and Surgical Journal*, entitled, “ Some observations upon Scarlatinal pleurisy and upon Thoracentesis in that affection,” the other, entitled, “ Cases of Fibrous polypi and Fibrous tumors of the Uterus,” which was published in the July number of our periodical. These papers appear in the original department of the *Canada Lancet*, but credit is not given to the *Canada Medical and Surgical Journal*. Are we to infer that these articles were originally sent to the *Canada Lancet* and were among the “ increased supply of original communications ” which were obliged to remain neglected from month to month in the editor’s drawer? We sent a message through a mutual friend to the editor of the *Canada Lancet*, as we freely believed it to be an oversight and one which would be cheerfully rectified. Such, however, has not been done, and the *Canada Lancet* appears in its October No. without any notice of the wrong. While wishing the *Canada Lancet* every success in its undertaking, we would remind it that the good old proverb is still in existence—“ That honesty is the best policy.”

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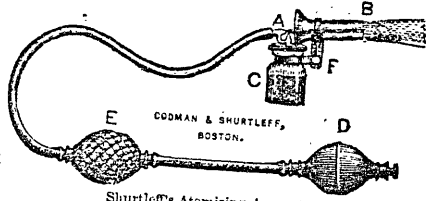
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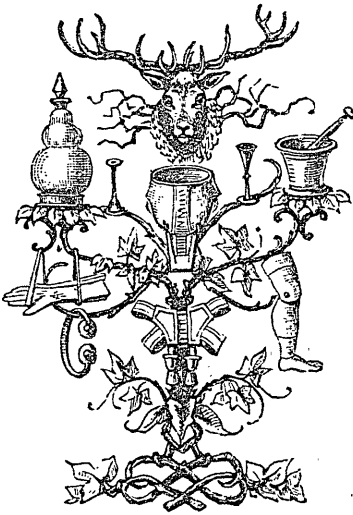
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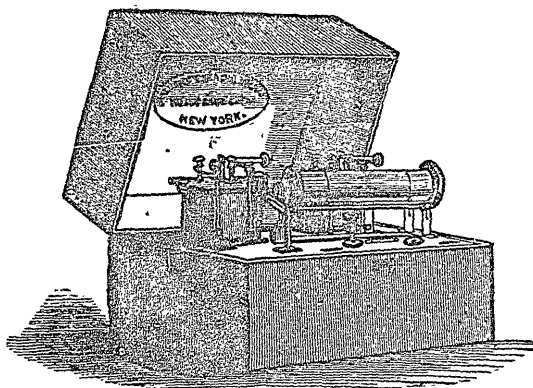
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