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THE CANADA LANCET:

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

Vol. VI. TORONTO, OCTOBER, 1873. No. 2.

Original Communications.

ON EPHEMERAL OR CHILD-BED FEVER.

BY WM. KERR, M.D., GALT.

[The following observations form the substance of a paper by the author, published in the Edin. Med. & Surg. Journal several years ago.]

Lying before me is a memoir of a lady who died soon after the birth of her eighth child. The recovery for some time was good; and the Doctor on taking his leave, remarked that he had never left her better. Next day there were chills; and next again, "fever was raging." From what cause it had originated, and what measures had been used, none could tell, though one of the most eminent medical men in the locality visited her.

Having for about forty years adopted a mode of treatment differing essentially from that usually recommended, and having during this time never had a tedious recovery, or a single death (epidemic puerperal fever excepted) when the patient was wholly under my charge from the commencement, I venture to claim the attention of your readers. The subject resolves itself into the proper treatment of females after the birth of a child. Being a natural process, and the mothers usually in good health, a confinement ought not to be, strictly speaking, an illness, and as it is not in the majority of instances, and might, I believe, be in all, except when the neighbourhood is visited by the terrible epidemic, puerperal fever, I shall attempt to show why an illness, sometimes fatal, occasionally supervenes.

The lady to whom I have alluded, evidently died of ephemeral,* or child-bed fever, and I venture to say that there is no disease which in

* A most inaccurate name which ought to be discontinued, the disease being of longer duration than a day.

more instances arises from ill-directed zeal for a patient's welfare; the following being by no means an unfrequent example of the manner in which a patient is treated, both by her unprofessional and professional attendants. A woman, some time after delivery, probably two or three days, or even a week, during sleep perspires, and awakes chilly; she then pulls the bed clothes more closely around her, and puts on another blanket to warm herself. For a short time the uncomfortable sensations of cold are removed, but the perspiration continuing, they soon return with augmented severity. The patient is now sure that she has caught cold, and immediately adopts the necessary measures for removing it. Acting on this principle, she takes copious warm drinks to sweat it out, gets a hot bottle to her feet, and increases the warmth of the apartment. Notwithstanding these vigorous measures for warming herself, and expelling cold, she soon finds that she cannot put her arms, for the shortest period, from beneath the bed-clothes without shivering; and if the same management be perseveringly pursued, in a few days incoherence sometimes comes on, always an omen of great danger, and if the proper remedial measures be not adopted, the forerunner of death.

The treatment now described is founded on the supposition that the woman is cold, and is suffering from cold. Attentive observation, however, will lead to a very different conclusion. Almost as soon as a medical man has an opportunity of making an observation, the pulse will be found to be frequent, and will rise to 120 or upwards, as the disease, or rather as the improper management proceeds; likewise, if the temperature of the patient's skin be examined beneath the bed-clothes, it will be found to be considerably greater than natural, and during the prosecution of the supposed remedial measures, the patient, instead of finding that she is becoming more comfortable, and returning to health, is getting rapidly more oppressed. The truth is, the woman was too warm at the beginning, and has now, by erroneous treatment, been brought into a high fever. When she first awoke, perspiring and shivering, she was for the time overheated, and the shivering was owing to the dampness of the skin, a consequence which follows the cause more readily after delivery than perhaps in any other state of body; the application of warmth temporarily removed the sensation of cold,

but it produced more perspiration, and this again, on the slightest exposure, produced more shivering.* Death from this malady is not exceedingly rare, and I have heard it attributed to the occurrence of a febrile disease resembling, though scarcely agreeing with typhus fever, very unexpected and perplexing, which was treated, as my informant thought, in the most prompt and energetic manner, yet baffled every thing which could be devised.

The treatment which I have successfully pursued is altogether the reverse of the preceding. After the birth of the child, and before leaving my patient, I instruct her to be very attentive to avoid getting over-heated, and particularly to avoid perspiring. In the event of becoming rather warm and sweating, she is told to lessen the number of blankets, or even to be covered only by a sheet; and should chilliness be felt from the evaporation of perspiration, she is instructed to take a quarter or half a wine-glassful of any spirituous liquor such as brandy or whisky, either undiluted, or, if the patient cannot bear its pungency, mixed with a very small quantity of cold water. Whenever chilliness from sweating returns, the brandy or whiskey is to be repeated; yet if the other parts of the management are correctly followed, this will be seldom required. The effect of the liquor is to remove the sensations of cold, and the tendency to perspire. In present circumstances, cold spirits act very differently from spirits mixed in hot water, the former drying up perspiration, the latter increasing it. I have usually given whisky or brandy in preference to wine, from a belief that the former are generally lighter on the stomach. Those parts of the body and limbs, which are easily accessible, are to be dried with a warm dry towel, and the apartment, which ought not to be small, is to be kept properly ventilated and cool. While a disposition to feverishness exists, all other drinks must be cool. These directions ought to be well explained, and the patient's attendants made to comprehend them, before the practitioner leaves the house, because they are at variance with the plan which the patient and her friends will most probably adopt if left to themselves; and if understood, they will generally prevent the occurrence of child-bed fever. Too much care cannot

be exercised to avoid this complaint; for when it does come on, even to a slight degree, such is the inability of the body, in the puerperal state, to resist injury, that the recovery will frequently be prolonged a week or two, or even longer. In pointing out the necessity of taking off bed-clothes, and otherwise cooling the patient when she sweats, and of giving a small quantity of spirits when she shivers, it is necessary to caution her that chilliness may proceed from the temperature of the body being too low, recognized by the skin being perfectly dry, and removable by a judicious increase of covering. By this management, the patient being never overheated, nor allowed to suffer from cold, the recovery will generally go on without an untoward symptom; and much more freedom may be used in changing the body clothing, and making the bed, than in cases where sweating is not strictly guarded against.

Besides observing the foregoing rules, there are several circumstances requiring attention, which are apt to excite feverishness, and hence with an improper regimen to produce or aggravate child-bed fever. These are constipation, after-pains, improper food, sitting up prematurely, and attempts to suckle their children on the part of delicate mothers who have scarcely any milk. If during labour the bowels are opened by an enema, a practice which should always be followed when time permits, on account of the diminution of oppression which it produces, even when the patient is unconscious of any sickness, and likewise on account of the pains after a thorough evacuation of the bowels being more effective, we need not feel any anxiety to open them again till twenty-four hours after delivery, when a gentle laxative may be given. This having operated, the danger of feverishness coming on is much diminished; but during the whole confinement, care must be taken to procure one easy evacuation daily. Sometimes exposure to cold, while the bowels are constipated, gives rise to a febrile indisposition, ushered, as in other fevers, by shivering without sweating. Attacks of this kind may occur for at least the first fortnight after delivery, and indicate that the bowels are not sufficiently open. The remedy is a laxative, and the skin being dry, spirits are not necessary. After-pains are too apt to be regarded as of little importance, when on reflection it might be recollected that

* I have seen several instances of illness unconnected with the puerperal state, protracted in delicate individuals by similar management.

many, especially those who have had several children, suffer greatly from them for several days. Formerly I trusted to opium, but now give the combination I have recommended for dysentery. With this the pains are quickly and easily subdued, the total number of doses being far fewer than when opium is given alone, leading to the inference that after-pains arise from an irritable state of the mucous-membrane of the uterus. This remedy for after-pains has never yet disappointed me, and those of my medical friends who have used it unite in this statement.

During the first four or five days the food ought to be entirely farinaceous; afterwards a little chicken soup may be permitted. Although by the third or fourth day some women are able, without injury, to be out of bed the greater part of the day, yet, as a general rule, much suffering will be avoided by remaining in bed for a week, more especially if the patient is not robust, or has had a severe labour. A woman of a feeble constitution ought to abandon the desire to suckle her child; if she makes the attempt early, pain in the breast, possibly terminating in suppuration, is excited, feverishness comes on, and the secretion of milk ceases. In these cases it is desirable to obtain a healthy and robust nurse; but if such a person combining the requisites of kindness and judgment cannot be got, a baby will thrive and become a strong child if its food be always newly prepared, and I may add mixed with cream, and not milk. Many infants vomit food containing milk, and retain that with cream. It is always desirable to accustom infants to take some food, the mother is then able any time to leave her child for a few hours to enjoy more undisturbed sleep at night, and weaning is an easier process. Suckling is often very distressing from the nipples becoming tender; the best remedy I have ever found is touching them with a few drops of tincture of squill combination without opium several times a day; it is made by putting one ounce of this combination into twenty-four ounces of diluted alcohol.

In a great many instances child bed fever arises merely from the patient perspiring soon after taking a drink rather warm, being too closely covered up with bedclothes, or some other cause apparently trifling, the effect of which, if properly managed, would pass off without even causing an indisposition; but in the way already pointed out, goes on

to produce a dangerous, or even fatal disease. When the patient and her attendants distinctly understand the management of sweating and shivering, the patient herself will often avoid danger by putting off a blanket when she feels rather warm, and may not require any spirituous liquors during her confinement. If, however, the overheating has caused sweating, and that again chilliness, she may be benefitted by a small quantity, such as a quarter or half a wine-glassful of brandy, and possibly no more may be necessary during her recovery. But if sweating and chilliness return, they must be combated in the same way, a quarter or half a wine-glassful of cold spirits being sufficient at any one time to remove chilliness. Robust and healthy women are least apt to perspire, and consequently least apt to shiver and require spirits; and delicate women, on the other hand, most apt to yield to injurious influences, and become ill. When sweating and shivering, notwithstanding all precautions, occur frequently, as in delicate patients, I have met with cases in which a quart of brandy was consumed before the woman had gained as much strength as completely to overcome the tendency to perspire. The febrile heat is not increased by wine or spirits judiciously given; exhaustion often to a very great degree has been produced by the previous sweating, and stimulants are required to retrieve the lost strength. As already mentioned, chilliness and shivering may proceed from several causes. When they arise from sweating, by far the most common cause, they are to be removed by the use of spirits or wine; when they proceed from constipation, their removal should be attempted by a laxative, and when from cold, the skin being dry, by more coverings or gentle warmth.

When the patient has unfortunately got into a high fever, has a frequent pulse, and is incoherent, great circumspection and attention are requisite on the part of the practitioner. If lying in a small or heated apartment, she must be brought into one which is large, cool, and well ventilated; the bedclothes diminished so as to allow her to become cool; the extremities sponged with cool water, while spirits are given to dry up sweating, and remove chilliness. In such a case as that now supposed, the debility great, with sweating and shivering recurring readily and frequently, brandy or whisky require to be administered freely. In

this precarious state the fever generally produces an uneasy sleepless state very prejudicial to recovery, which cannot be allayed by spirits alone, and requires a grain of opium once or twice a day. I have had no experience of hydrate of chloral in such cases. A moderately open state of the bowels is beneficial and necessary. If neglected, the fever increases, the belly becomes tumid, and the use of spirits is apt to aggravate the symptoms. As soon, therefore, as the strength is a little restored, a gentle movement of the bowels, if not occurring naturally, should be obtained by an enema; but great caution must be exercised in this particular, for I have oftener than once seen irretrievable sinking of strength and death produced by a purgative, which unfortunately operated too freely. The following is an instance of one of these melancholy cases:

I was requested to visit a woman who had been attended by a midwife, and who soon after delivery had got into the very critical circumstances to which I have just been alluding. By cooling her, drying up sweating, and adding strength by the administration of spirits, giving rest and sleep by small doses of opium, I had, in the course of little more than one day, reason to think that she was in less danger. The midwife at this time paid her a visit, and inquired whether I had ordered a dose of castor oil; "he must have forgotten it," said she, and accordingly it was administered. The operation was pretty free, but not more than would have done no injury whatever in many other states of the body; it was too much, however, for the patient, who immediately began to sink rapidly, and died.

The danger of purging depends entirely on the degree of weakness. If the strength is little sunk, there should be no time lost in opening the bowels; but if there is considerable exhaustion, some improvement should, if possible, be procured, even before giving an enema. The attendants of the patient should be instructed to give wine freely in the event of prostration of strength following an evacuation. Mr. White, of Manchester, who a century ago wrote on "the Management of Lying in Women," speaking of miliary fever, a disease which is akin to child-bed fever, being produced by too much heat and sweating, says, "a few loose stools, in some cases spontaneous, in others produced by art, have sunk patients beyond recovery."

To Mr. White, more than to any other author, we are indebted for pointing out the pernicious effects of the sweating plan of treatment to which, in former times, every woman was subjected during her confinement. This practice, which had received the sanction of centuries, was to put on plenty of bed-clothes, give warm drinks, draw the bed and window curtains close, so as to exclude the possibility of fresh air getting in; and besides all this, to keep a good fire in the apartment.* Mr. White showed that this mode of management was the great cause of most of the evils which succeeded delivery, and arrived at the conclusion that to avoid these the skin should be kept dry. This related, however, to the prevention. When fever had unfortunately come on, which he attributed to the absorption of putrid matter, he apparently found himself compelled to overlook his former conclusions, and to recommend that in the cold stage no warmth should be applied, and afterwards perspiration promoted, the plan usually adopted, if I mistake not, at the present day. In what way Mr. White, after having so clearly and forcibly pointed out the danger of too much warmth, and of sweating in the puerperal state, could still leave so much of the old system unexploded as to direct a sweat for the cure of this disease, seems to me to admit of only one explanation, viz., that he was ignorant of any other mode of relieving chilliness and shivering than the application of warmth. This error being committed, there is no guide to point out the course to be pursued, and no consistency in the practice. Warmth is applied on account of sensations of chilliness, at a time when the patient is actually too warm; the sweating which follows produces chilliness again, and more warmth is applied, with the effect of renewing and increasing the evil. As already stated, I give small quantities of spirits with the best effect in drying up sweating and relieving chilliness, without any of the evils attending the application of warmth. Sweating being removed, the real state of the patient is quite apparent; and the practitioner, keeping steadily in view the reduction of the morbid

* In the Pictorial History of England, 1st ed., there is a vignette representing an English bed-room in the reign of Edward IV. It is evidently a lying-in scene, and a specimen of the heating system; there is a blazing fire, the patient is guarded from cold by blankets, and something like a small blanket laid over the head, which the newly made mother is raising with her hand to receive a drink, doubtless a hot one, from one of her attendants.

heat of the body, will generally soon find his patient convalescent.

A dangerous illness yielding rapidly to any particular mode of treatment, must always be considered one of the best proofs of its correctness; in this point of view I am disposed to regard the following. A lady was delivered of a child by a midwife. Everything went on well till the end of the third day, when on awakening from sleep she felt herself chilly. An additional blanket was put on, and in succession warm drinks, hot bottles, and a good fire increased the evil. About forty-eight hours after the commencement of illness, I visited her. She was then incoherent, being impressed, for instance, with the idea that she was not in her own house. She was immediately removed to a room without a fire, her coverings were greatly lessened, no bottles were laid beside her, nor warm drinks given; small quantities of cold spirits were administered frequently, partly to dry up sweating, and partly to give strength. As soon as the skin became dry, it was quite evident that she was much too warm; and the season being mild, the temperature of her body was reduced by bathing the hands and feet in cold water. Finding that she was still too restless to sleep, small doses of opium were administered with the desired effect. In three days she was so much better that I did not consider it necessary to visit her oftener than once a day, and in four weeks I entirely discontinued my attendance. When her recovery was far advanced, her husband told me that when I first gave directions to cool her, these were so contrary to all his conceptions of the nature of her malady, and to her own sensations of chilliness, that he could not acquiesce in their propriety, till he saw that the progress of the illness was checked, and that recovery was commencing.

The following case shows how prone delicate females are, notwithstanding the utmost care, to lapse into child-bed fever; and it also may be regarded as tending to prove the correctness of the treatment. A lady, whose constitution was not vigorous, on the second day after the birth of her first child became somewhat too warm, perspired and was chilly. The error was only of very short continuance, for the patient was a near relative of my own, and I was never absent longer than two or three hours. On my arrival, I took every

measure to cool her, but little required to be done in this respect, for she and her attendants had previously been well instructed, the apartment was large and well ventilated, and the weather was cool. The disposition to sweat, however, was considerable, and had I yielded to what may be termed the natural opinions of women in these circumstances, and endeavored to remove chilliness by the application of warmth, I would soon have converted a slight and incipient fever into a most dangerous, perhaps a fatal one. Watching the effect of every dose, I gave small quantities of brandy, and had the satisfaction of finding that they produced the desired effect. Perspiration, however, frequently threatened to return, but was always prevented or removed by the same remedy, the pulse becoming slower, and the sensations of the patient approaching more and more nearly to those of health. Such was the debility and tendency to sweat, that the use of brandy could not be altogether discontinued for a fortnight, and in that time she had taken more than a quart of spirits. The child was suckled by a wet nurse, my patient having neither milk nor strength to undertake the office. The good effect of brandy was here more remarkable on account of this lady when in her usual health, both previously and after her recovery, being unable to take the most trifling quantity of any description without exciting headache, and yet, during her confinement, brandy produced no unpleasant symptom whatever. I may mention that a few hours after shivering commenced, she had pretty severe pain in the right side of the abdomen, which yielded to the warmth and steady pressure of an assistant's hand continued for an hour. In this case, brandy was required chiefly on account of the constitutional want of vigor of the patient. In robust women who have become dangerously ill, it is mostly required on account of the fever of two, three, or more days duration reducing their strength to a degree which could scarcely be credited by those who have not seen it.

In 1820, Dr. Marshall Hall published "Cases of a Serious Morbid Affection, chiefly occurring after Delivery." In these the reader will find decisive proofs of the danger, and even of the fatal effects of incautious purging; and likewise of the same results from the use of the lancet, although severe pain in the head or abdomen was present. I do not know whether the symptoms of the real

inflammatory affections are as yet very accurately determined, but the observations of Dr. Hall are sufficient to cause every practitioner to weigh carefully every symptom before he ventures to bleed. All the cases, from which I have drawn the conclusions contained in this paper, were either unaccompanied with pain, or pain was not a prominent or abiding symptom. In the early part of my professional career I met another practitioner respecting a lady, previously strong and healthy, who immediately after the birth of her first baby, eat a hearty meal containing animal food. This was followed by pretty severe pains in the abdomen, for which she was twice bled; the result was unfortunate, death occurring immediately as in some of Dr. Hall's cases. Mr. White, who wrote in 1772, acknowledges with regret that in one case of miliary fever without pain, but with high fever, he bled to the extent of eight or ten ounces, hoping thereby to relieve the fever; but in less than half an hour she was dead. I have met with a few cases where pain in the abdomen or chest came on during the confinement, owing, apparently, either to improper food, or an injury prior to delivery. They were all cured by a laxative followed by opiates.

Braehead, Galt, August 30, 1873.

LIGATION OF THE LEFT SUBCLAVIAN ARTERY FOR SECONDARY HÆMORRHAGE FOLLOWING AMPUTATION AT THE SHOULDER JOINT.—RECOVERY.

UNDER THE CARE OF DR. CLARKE, PARIS, ONT.

(Reported by W. Burt, M. B.)

J. R., æt, 35, single, born in England, and a machinist, was intoxicated on the evening of the 18th of June, and about to spend the night in company with two other inebriates, in a cattle-guard on the G. T. Railway, within a few yards of the Station House at this place. He was lying with his arms across one of the rails when a train passed, the engine running over them, almost detaching the right fore-arm in its middle third and severely mutilating the left—the upper third of the humerus being much comminuted and protruding and the tissues around severely mangled. Dr. Clarke was near by at the time and had the man removed at once to a hotel, and sent for assist-

ance. On the arrival of Dr. Cooke and myself, the patient was anæsthetized with ether, when Dr. Clarke amputated the arms, the right one in the middle third of the forearm, the left at the shoulder-joint. The man's condition during the latter part of the operation was very low. Brandy was freely given, but it was with difficulty he could be made to swallow it; very little ether was required. For several hours after the operation, he was apparently moribund. The conjunctivæ were almost insensible to the touch. I never have seen a man so near dying and didn't die, as this one. But, by the persistent use of stimulants, artificial heat and concentrated nourishment, he slowly rallied, until the fourth day, when an attack of delirium tremens came on, which, by the timely use of chloral, was not allowed to do any injury to the stumps. He states that he has had delirium tremens twice previous to this accident. From this time he did well under the use of opiates as required, quinine and suitable nourishment, until June 30th, when profuse hæmorrhage came on from a branch artery at the shoulder, causing him to faint. The ligatures were then all tried and easily removed, with the exception of one which had been thrown around some small vessels, including some muscle which was left. The axillary appeared to have a firm clot. Both stumps had healed kindly and the flaps were quite strongly adherent. On the night of July 3rd bled slightly again, and on the morning of the 4th, bled similarly to the first hæmorrhage, but not quite so profusely. The patient had now become greatly blanched and alarmed, and begged that something would be done to keep it from "breaking out." As the plug was still firm in the axillary artery, and the flaps pretty firmly united, with the exception of the inner portion around the axillary vessel, where there was a deep but limited slough, we decided to clean the wound and apply persulphate of iron (Monsel's Solution), afterwards filling the wound with lint, soaked in a solution of the iron. No return of hæmorrhage until the 6th, when we were summoned in great haste, and on examination, found that the main artery had given way; and as the man and nurse described it, it had spurted in a stream as large as the little finger over the bed clothes; but, as the nurse was present, he allowed but little blood to escape by pressing with one hand above the clavicle, and the

other with a compress (prepared in case of need) over the extremity of the vessel, in order to fully control it, if possible. Drs. Clarke, Lawrence, and myself, decided at once to ligate the subclavian, as the condition of the vessel and the tissues around it were such that we could not effectually secure it at its extremity. By this means we would give the flaps a more favorable chance to heal, and our patient, his only chance for recovery. He was again placed under ether, and at the request of Dr. Clarke, I cut down upon the subclavian, and ligated. The difficulties encountered were, the stopping of the hæmorrhage with a plug, and the great depth of the artery, due to a certain extent in this case, to the elevation of the shoulder, consequent on the loss of the arm, and the attachments of the muscles to it. It was also found very inconvenient to depress the shoulder. A slight modification was made in the usual operation for ligature of the third portion of the subclavian, viz: instead of making a vertical incision through the integument at right angles, to the first, we simply divided the platysma and fascia beneath it, when the upper margin of the wound instantly retracted to a sufficient extent. I think this materially facilitates the closing of the wound afterwards, and union by "first intention." The man though greatly blanched from the recurring hæmorrhage, rallied slowly for the first few days, and afterwards improved rapidly. The wound above the clavicle healed by "first intention," except at the outer part where exit was given the ligature. This came away on the 34th day, July 9th. I know of no cause for this delay, unless it was that the ligature was not drawn sufficiently tight, at the time of the operation. It was still firm at the end of the fourth week when we resorted to gentle traction and twisting, by means of a small bit of wood through the extremity of the loop, and fastening it on each alternate day. It was then readily enough removed. July 16th, the wound has healed and his recovery is now considered complete. He intends sailing for England in a few days.

I think this a case in which Dr. Speir's "Artery Constrictor" would have been pre-eminently adapted, and regret that we had not one to apply. It supersedes the ligature when applied, at least in the continuity of a vessel, and from our present knowledge of it, we would give it the preference (unless the artery were too fragile,) to either the

catgut or the antiseptic ligature, cut short. This instrument, which was devised and first brought into notice by Dr. Speir, Visiting Surgeon of the Brooklyn City Hospital, when I was House Surgeon of that Institution, is not much known in Canada. I saw it applied to the femoral artery, in a case of popliteal aneurism, and on several occasions to the extremities of vessels with perfect success. The "Constrictor" closes the vessel by leaving the external coat intact, and invaginating the internal and middle coats, allowing a plug to form readily. The time from the moment the instrument is applied, until its removal, does not necessarily exceed half a minute. When applied in the continuity of a vessel, for example, in a case like ours: it allows the wound to heal by "first intention," or gives it a more favorable condition for healing and the anticipated danger from secondary hæmorrhage, on the removal of the ligature is gone, a great boon, not only to the anxious Surgeon, but to the still more anxious patient. Although we find from the literature of the deligation of this vessel, that the danger of hæmorrhage, from the proximal side of it is *nil*, still I think it would be more adapted to those where the artery is not protected by passing between, but in front of the scaleni muscles. The application of this instrument, with reports of cases, was given from time to time, by Dr. Speir and others, in the N. Y. Med. Journal, and N. Y. Med. Record, in '71 and '72. I have not seen any reports of its application, lately, although several of the instruments were sent abroad.

ADDRESS ON SURGERY.

BY WILLIAM H. HINGSTON, M.D., L.R.C.S., EDIN.,
SURGEON TO ST. PATRICK'S DEPARTMENT,
HOTEL DIEU, MONTREAL.

(Delivered before the Canadian Medical Association, in St. John, N. B., August 6th, 1873.)

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 Asso-

ciation, 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 seventh 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 not been confided the first address in that branch of the healing art which pertains to external therapeutics—the *quod in therapeia manicum*.

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 Chrétien 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,' 'soothsayers,' '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 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 origin usurp their places. New arts are substituted for the old—and mystery bags and their appendages, the "toes and tails of birds, hoofs of deer, goat and antelope, and the tails and tips of almost everything that swims, flies or runs." to make great medicine, give 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 elaborateness—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 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 racoon, porcupine, weasel or civet.

The aborigines had their surgery—simple but effective—to which even their usurpers were some-

* Catlin.

times 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 *Betula*); and amputations were performed at the joints with knives of flint or jasper (and in some some places of copper), polished and keen as steel*—the spouting vessels were seared, and hæmorrhage 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 *Tehope-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 similibi 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. Maisonneuve, 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 tons, le chirurgien*.” Admiral Courpon, however, who had 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. DeCourpon 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 1858 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 nécessité plus pressante, et d'un usage plus frequent*.” For twenty years thereafter,

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

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 have 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 varied. 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 antiphlogistic 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 efforts to substitute acupressure for the ligature, which, since its introduction by Ambrose 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 aneurism 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 much larger number of *un*-published ones, has created well founded alarm, and the favourite anæsthetic of our neighbours, 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.
2	"	to 5,588	" 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 comfort 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 (Gordon 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 of 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 of 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 it 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 Stroh 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 Cautery.—As a corollary, the galvanic cautery, 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, à 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 Von Graeffe's and Liebreich's.

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 douche in purulent inflammation, or catarrhal 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 medicum, *ozæna*, is being transferred from the domain of medicine to that of surgery—and the mucous membrane of the 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, eye, 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 axillary 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 Chiropodist, to whom I would suggest the appropriation of the title of D.C.S., Doctor of Chiropedal Surgery! And why not? A toe is as good as a tooth, and there are fewer of them.*

Resigning 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 urano plastic operation—peeling off the periosteum and fibro-mucous 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 how small it is, provided he or she make the choice, with a full understanding of the facts, and with no prompting 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.

* 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*.

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 of execution 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 entire 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 to 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 tumor would now, with greater justice, be meted to him who had not the courage to attempt it. From occasional success, the percentage of recoveries has steadily increased in Great Britain till the present, 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, of 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, practised 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 practised with success; and Mons. Péan 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 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 while 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. But this need not be matter of wonder. 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 days on the dried trunk of a young sapling, whose leg would now, in any town or village in Canada, be preserved to him. The experience of old Nathan Smith is that of most men who have seen something of 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 the rough and well-meaning attempts. They were necessary and suited to the times.

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 *Krankenhausen* 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 a 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.

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, 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

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

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 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 prophesy, 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, be there to see.

Correspondence.

THE SURGEON OF THE TORONTO EYE AND EAR INFIRMARY, AND PROFESSIONAL ETIQUETTE.

(To the Editor of the Lancet.)

SIR,—I ask the publication of the enclosed communications, partly, because they deal with a point of some interest to the profession—the relative duties and prerogatives of medical men as members of a confraternity, and as attachés of public Charities; and, partly, because I feel that I have been unjustly treated by a public medical officer, whose conduct is properly open to criticism in your journal.

It is with some hesitation that I refer to matters purely personal, but I think it due to myself to state, that it was at the very urgent solicitation of this gentleman I was forced, so to speak, into special practice six years ago, and gave up the professorship of Chemistry in the Royal College of Physicians and Surgeons, Kingston, of the Corporation of which I had the honor to be a member, to become his partner. And when I withdrew from the partnership two years ago, I resolved,

though still, almost necessarily, confining myself to the speciality, to try to avoid wounding the feelings of even the most sensitive on the question of Ethics, by strictly refraining from advertising as a specialist, —a decision which, as experience has proved, has cost me a great pecuniary sacrifice. Dr. Rosebrugh, my senior by several years, and with a practice sufficient to warrant him in employing an assistant, now coolly adds to my embarrassment by taking unfair advantage of his position on the Staff of a Charity, to pursue a policy, the inevitable effect of which will be patent to every medical man.*

I have not been guided by any improper animus towards the Infirmary or its Surgeon, nor have I questioned Dr. Rosebrugh's energy, ability, and fund of experience. I have simply done what was my privilege and bounden duty to do under the circumstances, passed my verdict on his course as a medical practitioner in a public capacity. I am quite willing that the profession should be the arbiter between us.

I remain,

Yours, &c.,

RICHARD A. REEVE.

W. T. MASON, *Secretary, Board of Directors, Toronto Eye and Ear Infirmary.*

DEAR SIR,—I beg to acknowledge the receipt of your note, of the 1st inst., and to enclose a manuscript copy of a letter to the *Leader*, of the 9th inst., which I felt called upon to write in refutation of your unwarranted insinuation that I was forsaking a Charity for a trivial reason,—a fancied breach of professional etiquette on somebody's part.

You ask me why I did not interfere and have what was obnoxious in the notice of the Infirmary removed, rather than resign. I answer, I did not know there was anything to object to, until after the article had been published in several papers. And when the Superintendent then asked me for suggestions, I referred him, very properly, I think, to the executive committee, of which the Surgeon is an active member, as the proper authority to be consulted in such matters. Moreover, I did not

* It is not out of place here, to give the following excerpt from the *Kingston Daily News*, of June 20th, 1873: "We have received from Dr. Rosebrugh, Surgeon to the Toronto Eye Infirmary, a little pamphlet re-printed from the CANADA LANCET." "The paper should be read not merely by the profession, but by all who may happen to be suffering from this great affliction."

take the Surgeon to task, because I wished to apply a final and crucial test of his sense of honor and justice.

My resignation was couched in but few words, and did not implicate the Surgeon, because, though I felt deeply aggrieved, I desired on account of our relationship, to excite as little unpleasantness as possible in withdrawing from the Infirmary. When, however, I found that insult was being added to injury, and I became fully convinced also, that the Surgeon was not unwilling to break the Golden Rule, discard the claims of kinship, and violate the maxims of social and professional etiquette, in order to satisfy his ambition, I had to break silence,—first, in conjunction with Dr. Canniff, the Consulting Surgeon, taking exception to certain fulsome allusions* to the Staff, and, after my resignation, in a disclaimer in the *Mail* and *Leader* of the 3rd inst., and again, in the letter already referred to.

If further confirmation of the equity of my estimate of the Surgeon's conduct towards me be needed, then I beg to adduce the following:—When the Surgeon found that I was not likely to prove sufficiently docile and subservient, a medical man was induced or allowed, or both, about sixteen months ago, to enter upon and ostensibly discharge the duties of Attending Surgeon, to admit and treat patients, order materials, &c., for months, without any more legal right than I would now have, to appoint an outsider as my substitute for the winter, at the Toronto General Hospital. I then thought, and now believe, that the Surgeon was actuated by a three-fold feeling,—a wish to lighten his own work, and also to initiate his friend, and (mainly) a desire to show me that my services would not be, as they had hitherto been, on his own acknowledgment, indispensable to the carrying on of the institution. This grievance I passed over at the time, simply expressing to the Secretary my surprise and annoyance at such unfair and anomalous conduct on the

part of a member of the medical Staff of a public Charity.

I must now refer to another matter. When, at the end of five years' hard work as Assistant Surgeon, after having treated fully two-thirds of the patients admitted, (676 out of 945), and for nearly two years attended the Infirmary, as a rule, twice a day,—the Surgeon often hardly putting in an appearance for weeks at a time,—I informed the Board through the Surgeon, an *ex-officio* member, that while I was willing it should recognize his seniority, and make him Senior or Consulting Surgeon, it was due to myself, to be appointed Surgeon; the Board, (which, I should, in fairness, remark, has since somewhat changed its complexion,) denied my reasonable request, and dubbed me *Junior* Surgeon. When the Board had thus virtually confirmed an official opinion previously given me, in the words of the Surgeon, that "for the successful management of such an institution it is necessary the responsibility be borne by one individual, and that it would be unwise to divide that responsibility equally between two surgeons with independent and perhaps conflicting interests," I felt doubly aggrieved, and would not have accepted the appointment but for my anxiety to have plenty of clinical material for the benefit of the students of the Medical School with which I was connected; and the hope that the Board would yet be led to do me justice.

In conclusion, while I must admit that the recent wholesale advertising of the Infirmary, is pretty good evidence of "successful management," (of a two-fold kind), I think, also, I have conclusively shewn that "the responsibility" *must* "be borne by one individual."

I remain,

Yours, &c.,

RICHARD A. REEVE.

September 19, 1873.

"To the Editor of the LEADER.

"SIR,—I do not intend to discuss the merits of certain complimentary notices of the Toronto Eye and Ear Infirmary, written by the Superintendent of the Institution, that have lately appeared in the public prints, but I claim the privilege of disproving the assumption conveyed in the Secretary's letter in Thursday's issue, that I am 'allowing a fancied breach of professional etiquette to outweigh my regard for a Charity which is, without ostentation, seeking to benefit a large number of afflicted poor.'

* "The medical staff is likewise unpaid. The noble denial of the eminent physicians attached to the institution is deserving of the highest praise. They are not only decidedly popular on account of their scientific achievements and the results of their labours, but, moreover, they are respected for their piety, which prompts them to serve the poor for the love of God. The first on the list is Dr. A. M. Rosebrugh, a well-known authority, and of great experience in ophthalmic and aural science," &c. See *Christian Guardian*, Aug. 27; *Canadian Baptist*, Aug. 28, &c., &c.

"About a fortnight ago, the Superintendent showed me an article on the Infirmary, that had appeared in several papers, containing the following paragraph: "The medical staff is composed of Drs. A. M. Rosebrugh, (a gentleman of authority and great experience in ophthalmic and aural science,) Coleman and Reeve, while Dr. Canniff acts as Consulting Surgeon." In reply to my question, the Superintendent admitted that he had shown the articles he had furnished to the Press, to the Surgeon, Dr. Rosebrugh, who did not express any disapproval. The paragraph quoted was repeated with slight verbal alterations, but with the Surgeon still figuring as 'a gentleman of authority and great experience,' &c., in various papers, as an editorial in the *Mail* and a communication in your columns, as late as the 2nd instant, (after I had resigned and had requested the Secretary to withdraw my name from what I properly termed the semi-official notice of the Institution,) and three weeks after the first appearance of the article in the *St. Catharines Daily Times*, of Aug. 8. A hint from the Surgeon, under whose direction, by the constitution, the Superintendent discharges his duties, would at once have secured the removal of anything objectionable. Dr. Rosebrugh was, therefore, as fully responsible for the repetition of the eulogy of himself as if he had penned it with his own hand.

Now, I concede that medical men expect, rightly enough, too, to reap, indirectly, some benefit from their connection with public charities—by the announcement of their appointments, the mention of their names in the notices of Annual Meetings, and in Annual Reports, and through the grateful acknowledgments of patients whom they may relieve—conceding this, I say that Dr. Rosebrugh has gone far beyond the recognized and time-honoured limits of propriety, and has been plainly guilty of an inexcusable breach of professional etiquette, in thus trying to make capital out of a public Charity (mainly supported by a legislative grant); and especially, in doing so at the expense of his medical confreres.

"But again, in view of the fact that I became a member of the Staff of the Infirmary more than six years ago, one month from the date of its recognition as a Charity, and that I was in almost daily attendance from that time, except in a few vacations; and that during the first four years of my service I did three-fourths of the professional work of the institution, having treated at least 511 of the 671 patients admitted in that period; and also, that in my service of six years I treated 267 of the 1,312 patients, just two-thirds—in view of these data, I allege that the surgeon has used my name in a way calculated seriously to depreciate me as one of the Staff, and, by the insertion in the secular press, of a discriminating reference of a personal nature, to damage me, indirectly at least, as a

private practitioner. I have rendered my services gratuitously, and 'without ostentation,' for six years, to promote the interests of the Infirmary and benefit the 'afflicted poor.' I receive as a reward, a gratuitous insult from the chief medical officer of the institution, an insult repeated 'ere this in almost every section of the Province, a very good reason, to my mind, for my resignation. I exonerate the lay officers of the Board and the members of the Press from any desire or intention to act unfairly, because I well know laymen are not in a position to appreciate the amenities and code of honour that hold in the medical profession. I have not set down aught in malice, but have confined myself to the statement of legitimate deductions from facts, of the worth of which, I am, unhappily, too conscious. I have discharged a painful duty in writing this communication, but silence on my part has ceased to be a virtue, and is, therefore, no longer proper.

"I remain, yours, &c.,

"R. A. REEVE, M.D.,

"Late Junior Surgeon,

"Toronto Eye & Ear Infirmary.

"Toronto, Sept. 6, 1873."

(To the Editor of the *Lancet*.)

SIR,—It has lately come within the province of my profession, to witness one of the most barbarous acts ever perpetrated by a medical officer.

One year and two months ago I came to the village of Tara, Co. Bruce, and commenced the practice of medicine. During my stay, I have had many obstacles to contend with, among others that of a medical man named Taylor. He has used every means unfair, as well as unprofessional, to injure me; but his efforts have not only proved ineffectual, but have recoiled with terrible vengeance upon his own head. Among the most recent and disgraceful of his transactions is the following. On the 18th of August, Dr. Taylor was called to see a little girl two years and eight months of age. He continued his attendance until Thursday, when I was called in, and found the child in a precarious condition. I had not been in the room many minutes when the child was seized with a convulsion, which lasted about five minutes; and, from the nature of which, I judged the cause to be in the nervous centres. The extremities were convulsed, the head was drawn back, and the body quite rigid.

The child was totally unconscious from the time I went there until death supervened, which

took place on Saturday morning. There were only three evacuations during the three days, and those were involuntary. I diagnosed "*Cerebro-spinal Meningitis*." Dr. Taylor was very much offended because I was called in, and should dare to differ from him. He said the child died of dysentery.

(It might be well to mention here, that the father of the child, Dr. Hammond, was in Boston pursuing his professional calling. Not long since his wife and only boy were buried, and only two little girls were living).

I expressed an unwillingness to take the patient at that late hour, but was strongly urged by the guardians of the child to do what I could in order that no blame might be attached to them. It was only at the urgent request of Mr. and Mrs. Hammond that I took the patient at all. On the same morning I sent a telegram to the father of the child, stating that the child was very ill, and to come immediately. All those who were at the bed-side during Thursday and Friday were well satisfied with what was done for the child. None were dissatisfied but Dr. Taylor, who said that my medicine had killed it, and demanded an inquest. Accordingly on Sunday morning the 26th of August, he, being one of Her Majesty's coroners for the County of Bruce, commanded summonses to be served on twelve men to appear as jurors at the house of Mr. Matthew Hammond, to hold an inquest on the body of the child. About 10 o'clock a.m., he and Dr. Stirke appeared there with the twelve sworn jurymen to hold an inquest and a *post mortem*. I was sent for immediately, and arrived only in time to meet them departing from the house. Dr. Taylor abused the guardians of the child in a most shameful manner; repeatedly called Mr. Hammond a liar; commanded Mrs. Hammond to bring in her dining-table; and when she remonstrated against cutting up the corpse of her little niece on their dining-table, he stripped the cover from it with one grasp and brought it out opposite the bed-room door, and placed upon it an old rusty saw, with instruments to correspond. He then proceeded to the bed-room, which was guarded by Mr. Hammond, who told Taylor if he entered that room he would do so over his dead body. Finding that further proceedings would have cost him his life, he postponed the inquest until Monday evening, 27th, at

6 p.m. Knowing the whole proceedings to be illegal, I was determined to bring the matter to a proper test. Consequently, I procured the services of Dr. C. E. Barnhart, of Owen Sound, Dr. Francis, of Manitowaning, who happened to be here on a visit, and Mr. McFayden, Q. C. When the lawyer ascertained that no inquest was needed, he demanded that Dr. Taylor should show his authority. This was at first refused; but finding there was no alternative, the document was produced. This consisted of a small piece of paper, two inches by three, and evidently appeared as if it had been inspected by all the officials in the County. The lawyer coolly informed Dr. Taylor that the form, as well as the date, was wrong, and that under the circumstances he could not proceed.

The document was signed by Joseph Drinkwater, who professed to bring a charge of malpractice against me.

Drinkwater did not see the child either before or after its death; was not in the room during its illness; saw no medicine which I administered to the child, and would not have known it if he had. He heard no complaints from any one except Taylor, who undoubtedly was at the bottom of the whole affair. Taylor received, at the hands of the lawyer, one of the soundest reprimands ever received by a coroner. He also told him it would be the last time he would be permitted to exercise his official position, to injure a fellow practitioner. Dr. Hammond arrived a short time after the crowd was dismissed, and was very indignant to think that Dr. Taylor would have held an inquest and *post mortem* on the remains of the child for no earthly reason except to endeavour to bring a verdict against a fellow-practitioner.

Yours, truly,

N. WASHINGTON.

Tara, Sept. 20th, 1873.

A SUGGESTION.

(To the Editor of the LANCET.)

SIR,—While conversing yesterday with a medical friend, a travelling agent for an Insurance Company, he quite unconsciously gave me a hint, which I think might be of great benefit, if developed, to those about to enter, or to those who have just passed the dreaded portals of our profession. In a journal such as yours it is unnecessary to

comment on the various difficulties, pecuniary or otherwise, that the average medical student has to contend with in his career, prior to his attaining his degree. School teaching, or perhaps lake sailing, in both instances combined with great economy, have, in many cases to make up the means requisite for the student's winter session. Finally, let us suppose that the student, after having passed his examinations, like a gallant knight, determines to flesh his bloodless sword on a virgin public—in ninety-nine cases out of a hundred he must—he is well aware he is ignorant of even the first rudiments of the important matter to the public at least, viz: clinical knowledge, and unfortunately, owing to lack of means, owing to want of hospital accommodation in any one city in the Dominion, he degenerates into the most dangerous character in his early career: if clever, the Empiricist; if the reverse, the Routinist. My friend said that he had received more knowledge of "odd cases," I quote his words, while travelling for his company, than he had seen in the whole course of his professional practice—not a short one; that in going from one village to another, as their agent, he made a rule to visit the various medical men, and he being a bird of passage, and consequently there being no local feelings against him, any strange out of the way case the Dr. would show him, which, perhaps, the rival disciple of *Aesculapius* was dying! to see!! and diagnose!!!

Now, I think, there is no doubt that not one of us like the criticism of our neighbour, at least, the majority do not, whilst I believe, almost all of us will ask the opinion of, or lay a case before one whom they consider to be a disinterested spectator. Canada is flooded with Insurance Companies, hailing from "Afric's burning mountains to Greenland's icy strand*" and they must have agents. Instead, therefore, of a young man spending the best year in his student's life, in making feeble cough mixtures, corrugated pills, or cheap tonics; the medical student would see and learn a great deal more in the manner I have above hinted at. Why, sir, such a field of practice could be made of immense value, far better than a six months' attendance on either St. Thomas's or Bellevue. Because: 1st. He will only see the puzzling cases. 2nd. They will excite his curiosity. 3rd. Curiosity raised, he will think. 4th. He sees the necessity

* I suspect the quotation is not absolutely correct.

of having to be self-reliant. To the Insurance Companies I should think that the benefit is apparent. I need not say that I write from any motive on their behalf. I have only penned these crude remarks for the benefit of those who have not been inaptly called *Fœtal Physicians*.

Yours, truly,

J. F. DEWAR.

Port Hope, 18th September, 1873.

(To the Editor of the *Lancet*.)

SIR,—We have been visited in this locality by a travelling doctor named Rose. He calls himself the Great Physician, and claims to have graduated in two Allopathic schools and one Eclectic. He says he is the seventh son, and can cure "goitre" by the magic touch of his fingers. He carries belts containing different herbs, which he says are infallible for rheumatism, and that the receipt for making the same was obtained from an Indian. He is a registered member of the College of Physicians and Surgeons of Ontario, and it would be well if the Council would endeavour to obtain power from the Legislature to expel such characters from the College.

Yours, &c.,

W. O. ROBINSON.

St. Jacobs, Sept. 8, 1873.

Reports of Societies.

COUNTY OF OXFORD MEDICAL ASSOCIATION.

The above Association met in the Reading-room of the Mechanics' Institute, Woodstock, on the 27th ult. Dr. Clarke, of Princeton, President of the Association, occupied the chair. After the reading of the minutes of the previous meeting, a Constitution and code of Medical ethics were submitted to the Association, and after some discussion were adopted. Dr. Oakley, of Plattsville, read a short paper, in which, among other things, he gave the treatment of a rather unusual case of division of the ligament in front of the knee joint. The paper was well received and elicited some interesting discussion. It was voted on motion, for publication in the *Canada Lancet*. Dr. McKay, of Woodstock, then read a short paper, which was

also voted for Publication. After spending a pleasant and profitable time, the meeting adjourned to meet at an early day in November.

The following is the substance of the paper read by Dr. Oakley :—

WOUND OF THE LIGAMENTUM PATELLÆ.

The following case, is to me, interesting, from the fact that no such case is reported in any work on Surgery, which I ever consulted. It also shows that perfect union of ligamentous structures may take place, even in an aged subject.

Hugh McDonald, of Manilla, in the County of Victoria, aged 74, while engaged in the woods, cutting firewood, in some way, lost his balance and fell on his knees. Before falling, in the effort to recover himself, the axe with which he was engaged in chopping, fell from his hand with the edge upwards, and became fixed in such a position that when he fell, the ligamentum patellæ was entirely severed about the middle. When the man was found about an hour after the accident, the leg was completely powerless, and dangled about in every direction as he was being carried home. The messenger who summoned me, wished me to go and set a broken leg.

Accompanied by Drs. Vrooman and Hart, who were then in my office, pursuing their studies. I at once proceeded to the house of the patient and found him suffering intense pain in the knee. The patella was drawn up by muscular contraction, fully four inches above its natural position. The patient of course had not the slightest power to extend the leg. Fortunately, the capsular ligament was uninjured, and but little hæmorrhage resulted from the injury.

The indications were obvious. A straight splint, thickly padded at the lower extremity, and extending nearly to the tuber ischii, was placed along side the leg posteriorly. The upper end of the ligament was drawn downwards by means of a strong pair of dressing forceps (the only instrument at hand,) assisted by pressure from above, on the patella, till the cut ends of the ligament met, when two wire sutures secured the extremities in apposition.

A bandage was then placed above the knees, extending to the groin, surrounding both the leg and the splint. Another bandage extended from about two inches from the crest of the tibia, to the

ankle. The patient was placed in bed and nothing but tepid water dressings were used, (cold water being disagreeable to the patient). Not a single untoward symptom occurred from that day forward. In three weeks the sutures were removed, after which, in a few days, the wound healed up. The leg was then re-dressed, and the heel lowered a little. The patient was now allowed to sit up, and even to stand occasionally, bearing his weight on the other leg. In about six weeks from the accident, the splint was removed, and the patient allowed the use of crutches, which, in a short time, he discarded, and in three months he was able to walk.

Some months after, I examined the part carefully, and found that perfect union of the ligament, so far as I could discover, had taken place, and the old man, who, for all I know, is still alive, walks without a limp.

BRANT MEDICAL ASSOCIATION.

The Quarterly Meeting of the "Brant Medical Association," was held in the Kerby Hotel, Brantford, on Tuesday, the 2nd ult. There was a good attendance of the members present. The minutes of the last meeting were read, and on motion, confirmed. The committee, appointed at last meeting, to draw up a tariff of fees, reported. The report, after some alterations, was adopted, and a printed copy was ordered to be sent to each member, throughout the county, for approval or otherwise.

Dr. Griffin moved the following resolutions, seconded by Dr. Digby, which were carried :—

Resolved 1st,—That in the opinion of the "Brant County Medical Association," the repeal of the Ontario Medical Act, without the passing of some other Act, providing at least as good security against uneducated men being licensed to practise, would result in public calamity.

2nd,—That no means will be effectual to prevent such calamity, which do not provide that all candidates for admission to the medical profession, must pass the same Matriculation Examination, and the same examination, in such subjects as Anatomy, Physiology, Chemistry, Botany, Toxicology, and Medical Jurisprudence.

3rd,—That the present act should be retained,

at least until some well devised plan for securing such uniformity in examinations may be devised.

4th,—That, with a view to remove all objections to the present act, this association would approve of its being amended, so that hereafter, the Medical Council should provide only for the Matriculation Examination, and for examinations in the above named subjects, to wit, Anatomy, Physiology, Chemistry, Toxicology, and Botany, and that these examinations be exclusively written, so as to prevent partiality; and that, as to the other branches, including practice of Medicine, Surgery, Obstetrics, Materia Medica, Therapeutics, &c., it may suffice that the candidate should possess one of the following qualifications, viz :

A Diploma from one of the Medical Schools, of the Dominion, or Great Britain. 2nd Diploma of such Foreign Medical Institutions, whether of the general profession or of the Homœopathic or Eclectic bodies, as the Governor in Council may approve of.

5th,—That a committee, consisting of the mover, seconder, and Dr. Philip, be appointed and authorized to communicate with other Medical Associations; with the Officers of the Medical Schools; members of the Medical Council, and others; and generally to take such action in the matter in question, as may be deemed desirable.

Dr. Hipkins gave notice of several matters which he will bring before the notice of the Association, at its next meeting, in relation to actions at law for malpractice, &c., &c.

The annual election of officers took place and resulted as follows :

President—Dr. Clarke, Paris.

Vice President—Dr. Griffin, Brantford.

Secretary—Dr. Philip, Brantford.

Treasurer—Dr. Hipkins, Brantford.

A vote of thanks was passed to the Retiring Officers for the past year, after which the Association adjourned.

COUNTY OF HASTINGS MEDICAL ASSOCIATION.

A meeting of the Medical Association of the county of Hastings was held on the 10th ult., in Coleman's Hall, Belleville. A large number of members were present, and several medical men were elected members of the Association. An

interesting paper was read before the society by the late president, Dr. Holden, and was listened to with marked attention. After this the Association proceeded to elect the following officers for the ensuing year:—Dr. Burdett, president; Dr. Curlett, 1st vice-president; Dr. Faulkner, 2nd vice-president; Dr. Tracy, secretary-treasurer. After the election of officers an interesting discussion took place upon the subject of "Typhoid Fever."

DRAFT OF A BILL TO AMEND THE ONTARIO MEDICAL ACT.

Whereas it is expedient to amend the Ontario Medical Act :

Therefore Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows :

1. That the words "and shall have a corporate seal" in the third line of the sixth section of the Act passed in the thirty-second year of the reign of Her Majesty Queen Victoria, and chaptered forty-five, be struck out, and the following words inserted in lieu thereof: "And the said College of Physicians and Surgeons of Ontario shall be deemed to be, and to have been from the date of its first establishment, a body corporate by the name aforesaid, having perpetual succession and a common seal, with a capacity to acquire, hold and dispose of chattel property and real estate for the purpose of this Act, possessing power to sue and be sued in the manner usual with such corporations.

2. Section eleven of the said Act is amended by striking out the words after the word "division" in the twelfth line of the said section to and including the word "election" in the fifteenth line of the said section, and substituting the following in lieu thereof: "in such manner as shall be provided for by by-law of the Council."

3. The following shall be added to section twelve of the said Act as sub-section three :

(3.) In case of doubt or dispute as to the legality of the election of any Member of the Council, it shall be lawful for the Council to hold an inquiry and decide who is the legally qualified Member of the Council, and such person shall be, and be deemed to be, the Member legally qualified, and if such election shall be found to have been illegal, the Council shall have power to order a new election.

4. Section thirteen of the said Act is amended by striking out all the words after "meeting" in the fifth line of the said section, and substituting in lieu thereof the words "at such time and place as may be fixed by by-law of the retiring Council."

5. The following shall be added as a sub-section to section fifteen of the said Act :

(2.) Any Member of the College of Physicians and Surgeons of Ontario may have his name transferred from one class of voters to any other class, on his presenting to the Registrar a certificate duly signed by the Members of the Board of Examiners appointed by the Council to examine candidates on the subjects specified in the said Act as peculiar to each School of Medicine, testifying that the Member so applying to have his name transferred, has shewn a sufficient knowledge of the System of Medicine he desires to connect himself with, to entitle him to be admitted to the classification he desires ; and being so admitted, he shall be entitled to vote in that class only ; provided always that no Member shall be allowed to return to the class from which he has been so transferred, without the sanction of the Council—But no Member shall, at any time, be entitled to vote in more than one class of the voters who, in accordance with the provisions of the said Act, vote in the election of the Members of the Council ; and there shall be payable to the Registrar for such transfer, the same charge as is usual for the registration of an additional qualification, namely, two dollars.

6. Section eighteen of the said Act is amended by erasing the words "and a" before the word "Registrar" in the second line of said section ; and by inserting the word "officers" in lieu of the words "Registrar and Treasurer," in the seventh line of said section eighteen."

7. The following shall be added as a sub-division to section eighteen of the said Act :

(2.) "The President shall appoint three Members, with himself, to constitute an executive committee, but such committee shall not have power to alter, repeal, or suspend any decisions or enactments of the Council, unless especially authorized by the Council so to do ; provided always that the acts of said committee shall be valid only until the next ensuing session of the Council."

The following shall be read as part of section nineteen of the Act hereby amended, and at the beginning thereof :

In each of the Territorial Divisions described in Schedule C of the Act hereby amended, there shall be established a "Territorial Division Medical Association," which may be briefly called the "Division Association" of such division : Every Member of the College of Physicians and Surgeons of Ontario resident within the said Territorial Division shall be a Member, and the Representative in the Council of such Division, shall be ex-officio Chairman of such Division Association.

(2.) The Council shall have the power to make by-laws for the organization and management of the said Division Associations, which Associations shall likewise have power, if deemed expedient, to

establish Branch Associations in their Divisions in affiliation with them, and to enact by-laws concerning all matters pertaining to the medical profession within their several Divisions ; Provided always that no by-law so passed, shall take effect until it has received the approval of the Council, signified by the seal of the College, and by the signature of the President thereof, being appended to it ; And the Council shall at all times have the power to enact by-laws to take effect in any Territorial Division in Ontario, any by-law of the said Division Associations to the contrary notwithstanding.

(3.) The said Division Associations shall have it in their power to appoint a Board of Examiners to examine into the qualifications of females wishing to practice Midwifery within their several Territorial Divisions, and upon satisfactory proof of competence, and upon the payment of such annual fee as may be approved of by the Council, to grant annual licenses to such females to practice Midwifery within their own division only, such annual license being liable to be cancelled or suspended by the Association upon proof of misconduct or incompetence on the part of the female holding such license. And no female, while holding the license aforesaid, shall be liable to any of the penalties imposed by this Act, for the practice of Midwifery within the Division for which she holds such license.

(4.) The said Division Associations may from time to time submit to the Council a tariff, or tariffs of professional fees suitable to their Division, or to separate portions of their Division, and upon the said tariff, or tariffs of fees receiving the approval of the Council, signified by the seal of the College and by the signature of the President thereof being appended thereto, such tariff or tariffs shall be held to be a scale of "REASONABLE CHARGES" within the meaning of section thirty-one of the Act hereby amended, for the Division, or section of Division, where the Member making the charge resides.

(5.) All prosecutions against any one acting in contravention of the provisions of this Act shall take place in accordance with the Summary Proceedings Act.

8. Section twenty-three of the said Act is amended by striking out the words "not exceeding ten dollars" in the fifth line, and inserting the words, "to be fixed by by-law of the Council" in lieu thereof.

9. Section twenty-three of the said Act is amended by adding after the words "holding certificates in Ontario," in the the twenty-fifth line of the said section, the following words :

"Provided also, that it shall be lawful for the Council to admit to registration all such persons as are duly registered in the medical registrar of Great Britain, or are otherwise authorized to

practice Physic, Surgery and Midwifery in the United Kingdom of Great Britain and Ireland so soon as it shall appear, that the same privilege is accorded, and upon similar terms in the United Kingdom of Great Britain and Ireland, to Members of the College of Physicians and Surgeons of Ontario.

And the following shall be sub-sections: four, five, six, and seven, of section twenty-three of the said Act:

(4.) From, and after the passing of this Act, each Member of the College shall pay to the Registrar, or to any person deputed by the Registrar to receive it, a contribution of not less than two dollars nor more than five dollars as may be determined by the Council, in each year towards the general expenses of the College, which contribution shall be payable on the first day of January in each year, and that it shall be in the power of the Council to make such arrangements as will facilitate the collection of such contribution, either by imposing a fine in default of payment, or in such other manner as may seem expedient; and such contribution, and such fine, shall be deemed to be a debt due by the Member to the College and to be recoverable with the costs of suit in the name of the College, in the Division Court in Toronto.

(5.) The contribution for the year one thousand eight hundred and seventy-four, is fixed at dollars, and shall be payable to the Registrar, as aforesaid, on or before the first day of May, in said year, on pain of such fine as the Council may determine, if not paid before the first day of July in said year.

10. Section twenty-four of the said Act is amended by striking out all the words after the word "Kingston" in the seventh line of the said section, and substituting the following words in lieu thereof: "at such times, and in such manner as the Council shall by by-law direct."

11. Section twenty-five of the said Act is amended by striking out all the words after the word "composed" in the second line of said section twenty-five, down to the end thereof, and substituting in lieu thereof the words: "of such a number of Members of the College of Physicians and Surgeons of Ontario as the Council may deem expedient, who shall be elected at such time, and in such manner, as the Council shall by by-law determine."

12. Section twenty-six of the said Act is amended by inserting after the words "oral and written," in the eleventh line thereof, the following words: "or written alone, at the discretion of the Board of Examiners."

13. Section twenty-seven of the said Act is amended by adding to the end thereof the follow-

ing words: "and he shall be liable to all the pains and penalties imposed by this Act, or by any other Act which may now be in force against unqualified or unregistered practitioners."

14. Sub-section two of section thirty-three of the said Act is repealed, and the following shall be substituted and read as sub-section two of said section thirty-three:

(2). "The Council shall from time to time as it may be deemed expedient, enact by-laws as to the terms and conditions upon which it will receive the matriculation and other certificates of Colleges, and other Institutions not in the Province of Ontario."

15. Section thirty-six of the said Act is amended by striking out the words: "shall prove upon the trial that he," in the fourth and fifth lines of said section thirty-six.

16. Section forty of the said Act is amended by adding thereto at the commencement thereof, the following words:

"If any person shall procure, or cause to be procured, his registration under this Act by means of any false or fraudulent representation or declaration, either verbally or in writing, it shall be lawful for the Registrar, upon the receipt of sufficient evidence of the falsity or fraudulent character of said representation or declaration, to represent the matter to the Council, and upon the written order of the President, attested by the seal of the college, to erase the name of the said person from the register, and to make known the fact and cause of such erasure by notice, to be published in the *Ontario Gazette*; and after such notice has appeared, the person whose name has been erased as aforesaid, shall cease to be a Member of the College of Physicians and Surgeons of Ontario, and shall cease to enjoy any of the privileges conferred by registration under this Act at any future time, without the express sanction of the Council."

And by repealing all the words after the word "offending" in the fifth line of the said section, and substituting the following in lieu thereof: "Shall, on conviction thereof before any Justice of the Peace, incur a penalty not exceeding one hundred dollars; and every person knowingly aiding or assisting him therein, shall on conviction thereof incur a penalty of not less than twenty, nor more than fifty dollars."

17. Section forty-one of the said Act is repealed, and the following substituted as the section and sub-sections thereof:

It shall not be lawful for any person not registered to practise Physic, Surgery, or Midwifery in the Province of Ontario for hire, gain, or hope of reward; and if any person not registered under this Act, or the Act hereby amended, shall, for hire, gain or hope of reward, practise, or profess to

practise, Physic, Surgery or Midwifery, or advertise to give advice in Physic, Surgery or Midwifery, he shall upon a summary conviction thereof before any Justice of the Peace, for any and every such offence pay a penalty not exceeding one hundred dollars, nor less than twenty-five dollars: provided always that nothing contained in this clause shall prevent any person licensed under the Pharmacy Act from compounding medicines, when prescribed by a registered practitioner, nor from selling any medicine in the ordinary course of trade.

(2.) Any person who shall wilfully and falsely pretend to be a Physician, Doctor of Medicine, Surgery or Midwifery, Master of Surgery, Bachelor of Medicine, Surgeon or General Practitioner, or shall assume any title, addition, or description other than he actually possesses, and is legally entitled to, shall be liable on conviction thereof before a Justice of the Peace to a penalty not exceeding fifty dollars, nor less than ten dollars.

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

(4.) In any trial under the said Act as hereby amended the burden of proof as to registration shall be upon the person charged: Provided always that the register for the year then current shall be *prima facie* evidence that the persons named therein are really and legally entitled to the diplomas mentioned opposite their names respectively.

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

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

19. Section forty-three of the said Act is repealed, and the following substituted in lieu thereof: "All penalties recoverable under this Act

shall be paid to the convicting Justice, and by him paid to the Registrar of the College, and shall form part of the funds thereof. Any person appointed to that office by the Territorial Division Medical Association of the Division where the offence is alleged to have been committed, may be prosecutor or complainant under this Act, or under the Act hereby amended, and the Council may allot such portion of any penalties recovered as may be deemed expedient towards the payment of such prosecutor, and towards the general expenses of such Territorial Division Medical Association: Provided always that every prosecution under this Act, and the Act hereby amended shall be commenced within one year from the date of the alleged offence; and it is also hereby provided that it shall be lawful for the Council, by an order signed by the President, having the seal of the College appended thereto, to stay proceedings in any prosecution instituted under this Act where it may be deemed expedient."

20. All the provisions of the hereby amended Act inconsistent with the provisions of this Act are hereby repealed, and this Act shall be read as part of the Act hereby amended.

Selected Articles.

RESEARCHES ON PYÆMIA.

It may be hoped that Dr. Sanderson's recent researches on infective secondary inflammation may be fruitful in the dissipation of some of the difficulties and obscurities which involve the etiology and treatment of pyæmia. They should stimulate our young English pathologists to follow out this fruitful line of research. We gave recently (*Medical Journal, May 24th and 31st*) an abstract of the more recent researches of German pathologists on the subject, and we now give some account of the yet more recent researches of Dr. Birch-Hirschfeld, for which we are indebted to Dr. Dreschfeld of Manchester.

Dr. Birch-Hirschfeld, on examining daily the pus coming from a wound, found that, with the ushering in of the first symptoms of pyæmia, the pus also showed a corresponding change, consisting in the presence of micrococci, either in pairs, strings, or colonies (the latter especially when pyæmia was far advanced or rapid in its course), and in an altered appearance of the pus-corpuscles, which were finely granular, of less definite outline and lustre, and which showed their nuclei very distinctly without the addition of any reagent.

The *blood* of such pyæmic patients contained similar micrococci, and its white corpuscles, had undergone a change very similar to that of the pus-corpuscles. Sometimes the pus of a pyæmic patient

would contain, besides these, a quantity of the *bacterium termo* or *bacterium lineola*, which are the common bacteria of most putrescent matter, while micrococcus is, according to Cohn, Klebs, and Hirschfeld, not to be considered the ferment of putrefaction.

Healthy pus coming from a healthy wound or from a simple abscess showed no micrococci and no altered pus corpuscles, while putrescent pus (either after exposure to air or coming from an unhealthy or gangrenous wound) contained only the bacteria (*termo*, *lineola*, and *bacillus*) due to putrefaction.

The difference between pyæmic and putrescent pus was now further shown by inoculations on rabbits. Healthy pus, injected subcutaneously into a rabbit, gave rise only to a local abscess, without any further disturbances. Putrescent pus gave the symptoms of septicæmia, as described by Bergmann very well; while pus from a pyæmic patient similarly introduced into a rabbit, gave rise to a different course of symptoms. The animal remained well for five or six days; and this period was followed by one of high and intermittent fever, diarrhœa, emaciation, and eventually and almost invariably by death from the sixteenth to the twenty-fourth day. Pus, blood, and the metastatic changes in such rabbits, showed again all the distinctive pyæmic properties described.

The importance of these researches, which not only show us the important part which the micrococci play in the production of pyæmia, but which also define pyæmia as quite distinct from septicæmia (in opposition to the researches of Tiegel, Klebs and Eberth), is not to be underrated; but a repetition and further extension of them would be highly desirable. Dr. Birch-Hirschfeld examined the different morbid products without any further reagents.—*Brit. Med. Journal*.

ELLIOTSON AS A CLINICAL TEACHER.

Elliotson was the greatest clinical teacher of his time. When Physician to St. Thomas' Hospital he had published, in the pages of the *Lancet*, short clinical notes of cases that had come under his observation. These, from their practical value, attracted great attention, and, as he himself asserted, sent up his practice, in one year, from five hundred to five thousand pounds.

As I have stated on more than one occasion, these lectures are models which might be followed with advantage by lecturers on clinical medicine at the present day. It has been too much the fashion to make a single case of disease as the text for hanging a long discourse upon. Elliotson ignored this vicious system. He would say that the lecturer on the practice of physic should instruct his pupils in the science and the general

practice of Medicine—should, in fact, indoctrinate him in the principles; but the duty of the clinical teacher was to present to the student the differences which existed in clinical cases, and accordingly to place before him the variations which obtained in diagnosis and treatment in different cases of the same disease. In consequence, Elliotson lectured on every case which was under his care. His mode of procedure as a clinical teacher is worthy of record. It was understood that on the reception of a patient the clinical clerk would take an account of the history of the case. On seeing the case for the first time, Elliotson would say:

"Gentlemen, look at this patient. What is he suffering from? Is he labouring under cranial, thoracic or abdominal disease? There he lies before you; you ought to be able to decide which region is affected. After the students had given their opinions, he would then offer his own, and would explain his reasons for it. In the different cases he would point out the expression of the countenance, the colour of the skin, the state of the respiration, and the posture in which the patient lay. His clinical clerk would now read to the class the history of the case. Returning to the bedside, a careful examination was made, and a specific diagnosis is given. Elliotson was most anxious that in all possible cases the students should carefully examine the patient, particularly by percussion and auscultation. Retiring from the bedside if he prognosed that the case would prove fatal, he stated the appearance that would be found after death. He gave a clinical lecture always once a week, and occasionally twice when the cases were numerous. His lecture was not a set oration; standing at the desk, with the books before him, he read the salient points, commenting upon them as he went along, pointing out the peculiarities of each case, both as to symptoms and to treatment. He had a prodigious memory, and took for his text all the cases which had been admitted during the week. If there had been any deaths the post-mortem signs were carefully enumerated, and his previous opinion as to their nature brought again to the notice of the students. We scarcely recollect a case in which that opinion was erroneous. It may be well supposed that this system of clinical instruction was all but perfect. Nothing could have been happier than the style of his observations—pithy, sententious and practical. Elliotson was firmly convinced that if the practice of medicine was to be improved, it would be by therapeutics. He would say—"We know sufficient of the signs and symptoms of disease; we are acquainted to a necessary extent with pathology; we have not, however, an equal knowledge of the action of medicines." Acting on this conviction, he employed medicines, and made what may be called "experiments" upon them—particularly if they were novel—to an extent which occasionally ren-

dered him liable to be placed in the category of enthusiasts. But in the administration of drugs, if "bold," he was invariably cautious. He began with a very small dose, increasing it gradually, so long as there was no indication to the contrary, until the doses assumed a proportion which was often startling. In the treatment of some diseases, particularly those which are regarded as incurable, he relied perhaps too much on the power of remedies. I have known him, in cases of diabetes, to increase the dose of creasote from one minim to twenty every four hours. If questioned upon the subject, he would remark that the disease was regarded as incurable, and that the practitioner was justified in resorting to extreme measures to save life. He employed creasote to a great extent in cases of acne, not without success. I well recollect reporting in the *Lancet* a desperate case of what he characterized "delirium cum tremore," in which he ordered a grain of morphia every hour until sleep was produced. The clinical clerk or house-physician was strictly enjoined to watch the effects of the medicine. The man died. I reported the case with this heading, "Delirium cum Tremore: Enormous Doses of Morphia." He called me aside after his next clinical lecture, and expressed himself dissatisfied with the "heading" which I had given, and declared that in his opinion the term "enormous" was not justifiable. At the time I thought it was, and I think so now. Elliotson expressed himself as to diagnosis, prognosis, and treatment of disease in the plainest and simplest form. His treatment was never complicated. He seized on a prominent symptom or symptoms and treated it or them in the simplest manner. His prescriptions were never cumbrous; on the contrary, they were often regarded as too meagre; but his explanation was that the prominent symptom should be treated with a single and prominent remedy. "How," he would say, "are we to determine the just influence of an individual drug if we administer half a dozen at the same time?" To this enthusiastic faith in the power of "remedies" the fall of Elliotson must be attributed. In these papers I have on several occasions dwelt at some length on the practice of mesmerism in the North London Hospital. Looking back to more than a quarter of a century, and when one can take an unbiased view of Elliotson's mistake, I am of opinion that he was honest in his experiments on animal magnetism. He, unfortunately for his career, believed that all were as honest and single-minded as himself, whilst it was patent to others that the O'Keys were impostors. It is marvellous that a great physician, a great physiologist, a keen observer of facts should have been so misled. It is, however, due to the memory of a great man to exonerate him as a participator in a fraud, and from the suspicion which was entertained by many at the time, that he lent himself to that "delusion"

for the purpose of gain. I was at the time firmly opposed to him, and was a member of the committee which exposed the fraud, but I acquit him to the fullest extent of having been actuated in these memorable proceedings by anything which might be regarded as collusion or self-interest. *Dr. Thompson in Med. Jour. & Gaz.*

NEW VIEWS ON DIABETES.

M. Lecorché has submitted to the Academy of Medicine of Paris the following opinions respecting the nature of diabetes:—1. The current theories touching the pathology of diabetes refer only to certain varieties of glycosuria which have nothing to do with diabetes. They do not explain diabetic glycosuria. 2. Glycosuria, in diabetes, is only a secondary circumstance; the principal phenomenon is a tendency to disassimilation of protein substances. Diabetes may, in fact, be called azoturia. This disassimilation is the very essence of diabetes, and is characterized by the enormous quantity of urea which the patient is daily losing. 4. This protein disassimilation is the primary cause of glycosuria, which latter is simply an unimportant sequel of that cause. Protein disassimilation requires combustion, and during this combustion the oxygen leaves unattacked any glycosic substance formed in the economy; hence the existence in the urine of a quantity of sugar, which quantity increases with the amount of urea. 4. These views of the pathology of diabetes are of capital importance as regards the treatment, for they pave the way to a rational mode of treating the disease. The theories hitherto offered do not admit of such a course, as they refer only to glycosuria.

In viewing diabetes as M. Lecorché proposes (i.e., as azoturia, of which the glycosuria is the consequence) there is, he says, only one way of contending with the disease—namely, to endeavour, by every means in our power, to stop the loss of urea experienced by the patient. To attain this end we have only one mode of treatment at our command—the administration of cumulative remedies. Among these the principal are opium, arsenic, valerian, and perhaps bromide of potassium.

M. Lecorché promulgated these opinions before the Academy at the meeting of June 10th last, and promises to give further developments (and it is to be hoped experimental proofs) in the publication of lectures on diabetes delivered by him at the Faculty.—*Lancet.*

One profession (says *Punch*) is safe from the invasion of woman. She may enter the army, but it is impossible that she can man the navy.

Medical Items and News.

A correspondent asks us if a respectable medical practitioner should meet in consultation one who, though regularly qualified, advertises in such manner as the following :

"DR. _____,

"Desires comparison. He claims to lose the minimum proportion of cases from active disease, whether of inflammation or of fevers. He has been eleven years in the practice of his profession, and in that time only one mother died in or from accouchement, of all those attended by him. He don't recollect having ever lost a case from any one of the following cases, viz. : *Canker*, or sore mouth of any description ; *Croup*, *Quinsy*, *Erysipalotous Inflammation*, *Bronchitis*, *Oeduction*, or any stoppage in the bowel, or from any kind of *Cholera*. For more than seven years he has not lost one case from flux or bowel complaint. For the remedy in this case, he anticipates grand results in case of a visitation by Asiatic cholera. He is a graduate of the University Medical College of New York City, which was, through hospital facilities, the best then in America."

[We most emphatically say no : to meet him in consultation would be an endorsement of his conduct, which no medical gentleman could for a moment allow himself to do. These painful disclosures are of too frequent occurrence of late. What will the profession abroad think of us ? and what steps shall the profession take against an evil of such magnitude. We cannot but confess our surprise and sorrow, that any regularly qualified medical man should so far forget what is due to himself and the noble profession to which he belongs, as to place himself thus on a level with the itinerant quack.]—ED.

GOITRE IN GEORGIA.—According to the *Georgia Medical Companion*, there is a neighbourhood on the head waters of Lott's Creek, Scarborough, Georgia, containing about fifty families, and spread over a territory of about five or seven miles, the female portion of which seems to be predisposed to this disease. There is rarely a female that has arrived at puberty that is not afflicted with it. It has been so with almost all the women raised there. There never was a male known to have it in that settlement. The disease yields readily to the iodine treatment. The soil is sandy ; growth principally pine, interspersed with broad leaf-jack. The drinking-water is obtained from wells, the average depth of which is about twenty feet. The locality is noted for its extreme healthfulness in other respects.

SPECIALTIES.—Dr. Robert Barnes says, "I have recently been honored by a visit from a lady of typical modern intelligence, who consulted me about a fibroid tumor of the uterus ; and lest I should stray beyond my business, she was careful to tell me that Dr. Brown-Sequard had charge of her nervous system ; that Dr. Williams attended to her lungs ; that her abdominal regions were intrusted to Sir William Gull ; that Mr. Spencer Wells looked after her rectum ; and that Dr. Walshe had her heart. If some adventurous doctor should determine to start a new specialty, and open an institution for the treatment of diseases of the umbilicus—the only region which, as my colleague, Mr. Simon, says is unappropriated—I think I can promise him more than one patient."—*London Lancet*.

TREATMENT OF CHRONIC NASAL CATARRH.—Dr. Whittaker, *Clinic*, July 12th, 1873, advocates the treatment of certain cases of nasal catarrh by pressure. He does it for the same reason that the surgeon uses pressure to remove stricture of the urethra. The constriction is usually found in the inferior meatus. Bougies of different sizes and shapes are employed as the particular case seems to indicate. His success in the five cases thus treated has been very gratifying. The suggestion is surely worth a trial, as by present methods these cases are treated with most unsatisfactory results.

HERNIA.—Thomas Bryant, F.R.C.S., Surg. to Guy's Hospital, in his "Practice of Surgery," remarks that where a hernia can be kept up by a truss, and the patient is likely to remain in a civilized country, where trusses can be obtained, any operation for the radical cure is an unjustifiable one ; to risk the life of a patient on a theory of a cure, with the probability that the patient will be rendered less liable to its descent, when a truss has to be worn subsequent to the operation as a matter of safety, is a practical delusion.

GIFT TO PROF. AGASSIZ'S MUSEUM.—Mr. John Anderson, of New York, the well-known tobacconist, has presented Prof. Agassiz with an island in Buzzard's Bay, upon which to establish his proposed Summer School and Museum of Comparative Zoology, also the sum of \$50,000 towards the permanent fund for the Museum. The Legislature of Massachusetts also proposes to appropriate \$50,000 to Prof. Agassiz's project.

CROUP.—Dr. W. W. Parker, of Richmond, Va. (*Virginia Clinical Record*) relates a case of croup in which inhalations of lime proved efficacious. The most dense vapor is not at all unpleasant, and can be borne as well as the ordinary atmosphere of a heated room,

Dr. NELATON, the great French surgeon, is dead.

THE CANADA LANCET :

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Issued Promptly on the First of each Month.

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AGENTS.—DAWSON BROS. Montreal; J. & A. McMILLAN, St. Johns. N.B.; S. T. HALL, Halifax, N.S.; J. M. BALDWIN, 805 Broadway, New York, and J. & A. CHURCHILL, New Burlington-street, London, England.

TORONTO, OCTOBER 1, 1873.

DRAFT OF THE MEDICAL BILL.

WE print in this issue for the benefit of our readers, the draft of amendments to the Medical Bill passed by the Council of the College of Physicians and Surgeons at its last meeting. It will be seen, by a careful perusal of the Bill, that there are several important changes in contemplation, and on some of these points it would be well to hear the views of the profession in different parts of the Province, and even of the whole Dominion, for all are interested in whatever pertains to the welfare of the profession, as a whole.

The present draft is a modification of the one that was before the Committee of the House of Assembly last winter, and will, it is hoped, meet with the approval of the profession. It contemplates the levying of an annual tax upon the profession, to meet the expenses of the Council, of not less than two nor more than five dollars. When the measure was before the House last year this clause evoked considerable opposition, not so much as was alleged, on account of the amount of assessment, which is trifling in itself, as the way in which it was put,—forfeiture of licence being the penalty for non-payment of the tax. This objectionable feature has been removed, so that no ground of complaint can be urged on that score, and it will remain to be seen whether those who opposed the Bill on those grounds were really sincere. The Council is working for the interests of the profession, the medical students, and the public, and each should bear an equal share in contributing to the expenses of that body. It is manifestly unjust to place the entire burden

of the support on the shoulders of the medical students who have, by its operations, their collegiate expenses already largely increased. The penal clauses are very stringent, and, if carried in their present form, cannot fail to be effective in putting a check upon various forms of quackery. It will be impossible to meet all cases; in fact, there is no measure, however stringent, that will meet every case, but the proposed Bill is a great improvement on the Act now in force.

The formation of Division Medical Associations is an entirely new feature. These organizations, if properly managed, will be the means of cementing the bonds of harmony between the council and the profession, and are capable of great usefulness. All must agree as to the value of unity, as an element of strength. It is only in this way that the profession can hope to make itself felt as a power in the land. There have hitherto been too many divisions and dissensions among ourselves to admit of our being united on any single subject; but by means of such organizations as are contemplated, a closer union will be secured, harmony of action promoted, greater protection to individual members afforded, and in the end much good to the whole profession.

It will be seen by the proposed Bill that the licensing of Midwives is contemplated, but is left optional with each Division Association. This provision is scarcely necessary in our present condition. There are few women who aspire to that office except in the larger cities, and besides, there are at present no favorable opportunities for the education of women in this department. The proposed amendments, taken as a whole, are probably as good as any that can be devised, and we hope to see them become law.

In view of the contemplated withdrawal of the Homœopathic members of the Council, some modification of the present draft may be required. It is altogether likely that whatever changes may be made, in reference to licensing of candidates, the same Matriculation and Primary Examination in all the subjects common to the different schools will be enforced by the Legislature when they come to view the subject in all its bearings. If this be secured, it matters not how many licensing bodies we may have, so long as there is ample security that the primary subjects or ground-work is thoroughly laid.

REGISTRATION OF DEATHS.

Dr. Botsford's address on Hygiene at the recent meeting of the Canadian Medical Association, reiterates (what no one interested in the subject will deny) the importance of an efficient system of Registration. This has been urged again and again, and has been recognized by the Legislature of Ontario, which four years ago passed an Act to provide for the registration of births, marriages and deaths. The Act, however, has proved ineffectual for this purpose, owing principally to the apathy of medical men generally on the subject. In most civilized countries, a more or less efficient system of registration is carried on, accurate enough (at all events, in England) to furnish a series of statistics, from which the death-rate, and the prevalence and mortality of different forms of disease in every city and county in the kingdom can be calculated. Here, in Canada, we have absolutely no means of doing so, and it is almost impossible for any one desirous of information on this point to obtain it. Apropos of this subject, is the medal offered by Drs. Grant and Worthington, for an essay on "Zymotic diseases and their prevalence in Canada." The second division of the subject of this essay can only be the opinion of the writer, and cannot be reliable until statistics exist from which an accurate knowledge of those forms of zymotic diseases met with here, and their relative mortality, could be deduced.

The Registration Act of 1869, having as is generally admitted failed to secure its object, it becomes our duty to enquire into the causes of failure and how they can be remedied. The principal of these are four in number :

1st. The number of persons upon whom the duty of registering a death devolves, viz., the physician and some "person residing in the house," "or present at the death, or having any knowledge of the circumstances attending the same, or the coroner." "What is everybody's business is nobody's business," and so in this case where nobody has any particular interest in attending to the registration, each is apt to leave it to another, and the thing is left undone.

2nd. The person registering is required to take a greater or less amount of trouble to seek the registrar. This may be considerable if he is not generally known, or, as is often the case in sparsely

settled districts, if his residence is at a great distance from that of the deceased.

3rd. The difficulty of compelling registration. Although the Act provides penalties for the neglect of the duties imposed by it, and directs how these penalties may be enforced; yet, the doubt as to who is liable, and the indifference of all parties, make the compulsory and penal clauses ineffectual.

4th. In country places where the nearest doctor is many miles away, many patients are only seen at long intervals of time by the physician, possibly only once or twice, and that may be weeks or months before the death of the patient. In such a case it would be manifestly unjust to make the doctor liable for non-registration, as death may have occurred from some acute affection that did not exist at the time the visit was made.

The foregoing are, we believe, the principal causes of the inefficiency of the present Act. It remains now to consider what amendments will remedy the defects mentioned. It appears to us that a modification of the English system will be most effectual. Under it no body can be interred without a written permit from the Registrar, who grants it on receiving from the medical attendant a certificate of the cause of death. An objection to this might be made here that the responsibility would still be divided amongst too many; but this might be avoided by the modification proposed, *i. e.*, that it be incumbent on the Superintendent of every cemetery to require the friends of the deceased to furnish him with a certificate of the cause of death from the medical attendant, before the interment of the body be permitted; or, where no medical man has attended the deceased for a given period before death (say, two or three weeks), to require some person present at the time of death, to fill up and sign a declaration to that effect, stating the duration of the illness, its nature as far as the knowledge of the informant goes, and the age, nationality and employment of deceased. It should be the duty of the Superintendent of the cemetery to record these in a book kept for the purpose, and to forward the certificates and declarations to the District Registrar, to be by him entered and filed as is done at present; it being also his duty, from time to time, to inspect the books of the Superintendent of the cemetery, and compare them with his own, to see that no inter-

ments have taken place except in accordance with the law. A column might be kept in the Register, to be filled up, certified or uncertified, according as a certificate or declaration of the cause of death was given.

The scheme here proposed is capable of improvement; and it is hoped that all interested in the efficient registration of the cause of death will give their opinions on the subject, in order that the next Session of Parliament may find us prepared with a Bill which shall accomplish the wished-for result, not only in Ontario, but also throughout the whole Dominion.

TYPHOID FEVER AND MILK SUPPLY.

The appearance of a rather severe epidemic of typhoid in London, England, in parts which are usually free from that disease, such as Grosvenor Square, Cavendish Square, Portman Square, Nottingham Place, Hyde Park Garden, and St. John's Wood, has led to a close investigation into the cause of the outbreak. Between forty and fifty families were attacked, among others those of many eminent medical men. When the outbreak first occurred it was naturally traced to the ordinary causes, but without success. The sanitary condition of the houses was carefully examined by competent engineers; but nothing was discovered amiss. The cause seemed at first mysterious, but the consideration of the character of two outbreaks in the house of Dr. Murchison led him to suspect his milk supply as being the vehicle of the poison, as it has on several occasions, during the last few years, proved to be. It was observed that those children who partook of milk from a certain dairy were alone attacked, and on closer investigation it was found that about forty out of the forty-seven families attacked, were supplied with milk from the same dairy. The majority of the cases occurred among nursery children, and this fact also strengthened the suspicion that the cause was traceable to a contaminated milk supply, and to that alone. The dairy was visited and inspected, and it was found that the water supply was meagre, and the water used in cleansing the milk-pans was contaminated and highly offensive, and in this way it is supposed that the germs were introduced into the milk. At Brighouse, near Halifax, and at Wolverhampton, epidemics of enteric fever have

also been traced to the milk supply. At the latter place, the numbers affected have been limited; but the origin of the milk adulteration was not very difficult to trace, as the water supply of the farm was obtained from a sewage-poisoned well. Some time ago, similar cases occurred in Glasgow, and were reported at the time in the *Glasgow Medical Journal*, in which the infection was clearly traceable to the milk supply.

 TORONTO EYE AND EAR INFIRMARY.—Drs. Canniff and Reeve have resigned their respective positions on the staff of this Institution; the former as Consulting Surgeon, and the latter as Junior Surgeon. A lengthy communication from Dr. Reeve will be found in another column. He charges Dr. Rosebrugh with unprofessional conduct in not directing the Superintendent to remove certain objectionable statements from certain notices of the Infirmary that the latter was sending to the daily and weekly press. We have given Dr. Reeve space to present his views of the case, and shall also be glad to extend the same privilege to Dr. Rosebrugh.

YELLOW FEVER. Yellow fever is very prevalent and fatal in many parts of the Southern States at present. In Shreveport, La., the suffering has been very severe, and there has been great scarcity of physicians and nurses. On the 16th ult., no less than 600 persons were down with the disease; and the deaths then amounted to 146. Some of the physicians there have also been attacked. The inhabitants are calling for assistance from other cities. It is also prevalent in Memphis, New Orleans, and along the Mississippi.

HOW TO REMOVE ADHESIVE PLASTER.—The portion of the plaster which is left adhering to the skin may be quickly and completely removed by the use of oil of turpentine and sweet oil. Use a little more than half turpentine. This compound, carefully rubbed over the parts with a bit of cloth or sponge, and then washed off with warm soap-suds, will leave the surface as clean as nature ever intended.

It is stated that since the death of the late Prince Consort, no fewer than 500,000 persons in England have been killed by typhoid fever.

CHLORAL IN PUERPERAL ECLAMPSIA.—M. Dugardin extols (*Gaz. Méd. de Paris*, Feb. 1), the good effect of chloral in puerperal eclampsia and protracted labour. He thinks that it will replace chloroform in many cases, having the advantage over this latter of being employed where we require to keep the patient for a long time under the influence of some anæsthetic. In those cases of very nervous women, where the pains during the first stage of labour are very severe, or recur very frequently, and cause much unnecessary suffering and waste of power, chloral acts very beneficially, diminishing the frequency and intensity, but not the efficacy of the pains—thus shortening the duration of labour and lessening the shock to the system.

ERGOTINE AS A HÆMOSTATIC.—C. H. Boardman, M.D., St. Paul, Minn., (*North-Western Med. and Surg. Four.*) speaks highly of ergotine, hypodermically given, in an obstinate case of placenta prævia, after all other remedies had failed. For a period of two weeks the perils incident to this grave condition were averted, and the patient brought safely to within a fortnight of her full time.

NOTICE TO THE PROFESSION OF TORONTO.—Gentlemen who have unwittingly neglected to remit their fee for the copies of the Tariff (recently adopted by the Medical Practitioners of Toronto), will oblige by sending it without delay to the Secretary of Committee, P.O. Box 1377.

APPOINTMENTS.—Dr. Reeve, of Toronto, has been appointed to the office of Ophthalmic and Aural Surgeon on the medical staff of the Toronto General Hospital. Dr. Copeland, of St. Catharines, has been appointed House Surgeon to the General Hospital, St. Catharines; and Dr. F. L. Mack, Consulting Surgeon. George Wesley Bigger, of the village of Lynden, Esquire, M.D., to be an Associate Coroner within and for the county of Wentworth. William Henry Chrysler, of the village of Claremont, Esquire, M.B., to be an Associate Coroner within and for the county of Brant. Allan Cameron, of the town of Owen Sound, Esquire, M.D., to be an Associate Coroner within and for the county of Grey. George Landerkin, of the village of Hanover, M.D., and William R. Flesher, of the village of Flesherton, M.D., Esquires, to be Commissioners per *dedimus potestatum* within and for the county of Grey.

Book Notices.

AN INTRODUCTION TO THE STUDY OF CLINICAL MEDICINE. Being a Guide to the Investigation of Diseases. For the Use of Students. By Octavius Sturges, M.D., Cantab; Fellow of the Royal College of Physicians; Assistant Physician to the Westminster Hospital, etc. Philadelphia: Henry C. Lea, 1873, pp. 127. Toronto: Copp, Clark, & Co.

The above work contains a comprehensive and condensed system of rules for the examination of diseases, covering the whole ground of diagnostic inquiry into the history and condition of the patient. It will be found eminently useful, both to the student and practitioner.

INSANITY IN ITS RELATIONS TO CRIME. A Text and a Commentary. By William A. Hammond, M.D., Professor of Diseases of the Mind and Nervous System, etc., etc. New York: D. Appleton & Co., 1873, pp. 78. Toronto: Willing & Williamson.

The author maintains that the protection of society demands proper punishment of persons who commit homicide under insane impulses, though they may not be morally responsible as criminals. It is a very interesting and readable monograph on this subject, useful alike to medical men and jurists. It is also quite suitable for popular reading.

YOSEMITE.—We have received this beautiful oil chromo from the publishers of *Wood's Household Magazine*. It is 14 by 20 inches in size, is printed in 17 oil colors, and is a beautiful work of art. It is offered as a premium to subscribers to the magazine. Any person remitting \$1.50, American currency, will receive this beautiful chromo and the magazine for one year and three months. The chromo alone is worth double the money. The October number of the magazine contains a complete description of this interesting picture, and an engraving on a small scale, which gives a good idea of the picture itself.

OPHTHALMIC CONTRIBUTIONS—I. Dermoid tumor of the Cornea; II. Method of Determining Astigmatism; III. Cyst of the Iris removed by Operation. By George Strawbridge, M.D. Philadelphia: Lindsay & Blakiston.

NEW METHOD OF TREATING STRICTURES OF THE URETHRA AFTER EXTERNAL SECTION. By C. H. Martin, M.D., Mobile, Alabama.