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CANADA  
MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

*Case of Progressive Paralysis.* By JAMES A. SEWELL, M.D., Dean of the Medical Faculty of Laval University, Quebec.

I was called on the morning of the 20th December, 1869, to see a young lady, æt. 27. I found her cheerful but with a languid expression, as though she were sleepy, which was caused by a drooping of both upper eyelids. She complained of a numbness and tingling in both feet and legs, abdomen, and in both arms and hands. Had no headache, no sensation of weight in the head, neither was she at all giddy. The tongue was covered with a white fur; the pulse was 85, natural in force and rhythm. The bowels had been regular. Catemenia were regular and recently over, and the urine was pale and very abundant. Not attaching much importance to the symptoms, and believing that they partook very much of an hysterical character, I simply ordered a brisk cathartic of Cal. and Jalap.

21st.—The bowels have been freely acted upon, without any alteration in the other symptoms, with the exception that the urine is very much diminished in quantity and turbid in character, which I attributed partly to the free action of the purgative and partly to a profuse perspiration which covered the whole body and which had lasted all night. She now complained of tingling and stiffness of the chin, drooping of the eyelids, much as yesterday, though with an effort she could raise them partially; the fingers of both hands were slightly stiffened; intellect bright and clear. She was quite cheerful, but asked several times in a jaunty manner if she were going to die. She has to use her own expression "neither ache nor pain."

22nd.—The symptoms are exactly the same as yesterday, except that she now complains of not being able to see distinctly. The pupils are considerably dilated and the tongue somewhat more loaded. To repeat purgative.

23rd.—Was called at daylight this morning and found my patient looking exhausted without any apparent cause, complaining of difficulty in swallowing and inability to cough or to clear her throat. The muscles of the pharynx and larynx were evidently paralysed, though she could protrude and retract the tongue as rapidly and with as much facility as ever she did. The symptoms connected with the pharynx and larynx were certainly alarming, though I was still inclined to the belief that there was even now a good deal of hysteria mixed up with the case, and it resolved itself into this that either my patient was in no danger whatever, or that she was approaching her end, and that rapidly. To solve, if possible, this important question Dr. Wells was asked to see her at noon and after a close examination, including the whole spine, the ovaries, her history, &c., he concluded that her symptoms were nervous. One thing was very clear, viz., that since my visit in the morning a considerable accumulation of mucus had taken place about the pharynx and larynx which was evidently on the increase, and if not relieved would certainly choke her; accordingly a stimulating emetic was ordered in divided doses, and the brandy which she had been taking was to be continued.

4.30 P. M.—A great change has taken place since our visit at noon; death is now imminent. Upon inquiry we found that no part of the emetic had been swallowed, and, therefore, that the larynx had not been unloaded of the accumulated mucus in it. The intellect is perfectly clear, and upon my ordering the nurse to give her some brandy by injection she said in a strong voice "I will take no brandy" and died quietly in about ten minutes after. Such are the few facts connected with this very interesting, but at the same time very obscure case. Unfortunately no *post mortem* examination was obtained, so that in attempting to arrive at its true pathology there must necessarily be a good deal of speculation.

I need hardly point out the peculiar features of this case, the suddenness of the attack, the rapidity of its course, the tendency to paralysis in all the four extremities, spreading thence to the face, the paralysis of the optic nerve and of the 3rd pair, the paralysis of the muscles of the pharynx and larynx supplied by the pneumogastric, and the perfect freedom of the muscles supplied by the hypoglossal, the abundant limpid urine on the first day, and the perfect intelligence of the patient up to the moment of death, all point to this case as one of great interest.

Although at first sight, indeed for the first three days, the symptoms resembled very much those of hysteria, there can be little doubt now that there was considerable and serious difficulty about the medulla oblongata. What this difficulty was, whether it was an abscess, or whether there was

effusion it is impossible to say. In conclusion I would just suggest that, possibly, all the symptoms were nervous and hysterical, and that the young lady died of apnoea, caused by an *hysterical* paralysis of the muscles of respiration, as we see in the muscles of other parts.

February 15, 1870.

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*On the use of Chloroform in Infantile Convulsions.* By DAVID MACKINTOSH, M.D., Edin., L.R.C.S. Edin., late President of the Hamilton (Ontario) Medical and Surgical Society, and one of the Physicians to the Hamilton City Hospital.

(A paper read before the Canadian Medical Association at its meeting held in Toronto on the 8th September, 1869.)

To be awoke during the night to find a child, who had gone to bed apparently in the best of health, racked with convulsions and distorted by spasms, or during the day to observe a child who has been running about, in all the joy and buoyancy of youth, and in the very flush of health, suddenly fall, become unconscious, and in an instant be disfigured with the twitchings or the powerful muscular contractions peculiar to convulsions, is one of the most painful and startling positions in which a parent can be placed, and in which, almost more than any other, he looks to the medical man for help. To be summoned to such a case, and to be able to do little or nothing likely to give certain relief, where so much is expected of him, is one of the most trying positions in which a Physician can be placed.

Every member of our Profession must be aware that in such a case he has to stand idly by, till the source of irritation having been removed by the efforts of nature, the patient rallies, or till the exhausted frame sinks under the strain on the nervous system, and death comes to the relief of the little sufferer, or make use of remedies in which he has little faith, and which are mostly employed from a conviction that *something* must be done to satisfy the relatives of the patient, however small the prospect of doing good.

In such cases the difficulty is not so much the want of remedies calculated to give relief as the impossibility of administering them in the ordinary manner, since all the avenues usually employed for the introduction of these remedies into the system are closed, the jaw is locked, and the power of deglutition gone, and the anus is relaxed, and thus unable to retain enemata.

In such cases the practice generally has been to plunge the patient into

a warm bath, while the head is kept cool with ice or vinegar and water or the cold water douche, to apply sinapisms or some other rapid and powerful counter-irritant to the lower part of the body, administer, or attempt to administer, enemata, either with the view of working out the irritating matter from the primæ viæ, or to act as anti-spasmodics, and in some cases, (*and that more to have the appearance of not being idle*) to apply leches.

If, however, we look at the rationale of the cause of such convulsions in most cases (and let it be distinctly understood that this paper refers to convulsions arising primarily either from the irritation of teething or from the presence of indigestible substances in the stomach or bowels and not to convulsions caused by disease of the nervous centres) if, I say, we look at the explanation of such cases we will see that most of these modes of procedure are either injurious or altogether useless.

Take, for instance, a case of convulsions arising from the irritation of teething, we find that the presence of the advancing teeth stretch the resisting gums and irritate the delicate nervous fibres, and thus in all cases causes a great amount of irritability, and, in very susceptible constitutions, this irritation being conveyed to the centre of the excito-motary system, causes, by reflex action, irritation of the motary nerves, the visible evidence of which we have in alternate contraction and relaxation, of the parts supplied by these nerves, termed spasms or convulsions according to their extent or duration.

On the other hand take a case of convulsions arising from the presence of indigestible matter in the primæ viæ, we have direct irritation on the organic nerves which like a delicate net work cover the intestines—this irritation passing along the large ganglia, to the excito-motary system, and producing, by reflex action, the convulsions and spasms already referred to.

In both instances, of course, the removal of the source of irritation must be a primary object, and where this can be done quickly and thoroughly at the very commencement of the spasms, and that more especially in some children (who not having those finely strung nerves which seem to be peculiar to certain families, and which render them subject to convulsions, from very slight sources of irritation) the disease is very often checked at once and the patient cured. Thus, for instance, in convulsions from teething, timely scarification of the gums will often stop the spasms, while in cases of convulsions from irritation of the bowels, if the first attack be slight, and we have time for the administration and action of drugs calculated to clear out the primæ viæ, before a recurrence of the muscular contractions, we may often relieve the patient. But how

frequently does it happen in these cases, and more especially in those that prove fatal, that the jaw remains locked and the power of deglutition gone, preventing on the one hand the use of the scarifying lancet, and on the other the administration of suitable remedies, thus leaving us almost powerless for relief to our patient.

Besides which we must bear in mind the impossibility of prognosticating the result in any case of convulsions; for once these spasms have begun, who can tell where they will stop? In many cases the nerves once put to their utmost tension seem to keep up their irritability, and are ready to start the muscular contractions from the slightest source of irritation either external or internal. In such cases the usual remedies or appliances are really of very little service, and after repeated attacks the patient dies exhausted, unless speedily relieved.

But what will be said of those cases in which little or no interval to the spasms ever takes place, and the patient dies utterly exhausted without the slightest remission in the distressing symptoms?

In such cases the attempt to administer remedies by the mouth is utterly futile and from observation of a number of such cases it has appeared to me that any movement of the patient has acted as an additional source of irritation, and that counter-irritation, and even leeching, have produced the same effect. And indeed when we take into account the intensely susceptible state of the nervous system which, in such cases, may be compared to a cord stretched to its utmost capacity and ready to snap by the slightest touch, we cannot wonder that any irritation, even the very slightest, is injurious.

In such instances, almost the only avenue of communication, so to speak, with the interior of the system is through the action of respiration.

If, then, we have a remedy which is a powerful sedative of the excitatory nerves, and which can be safely introduced into the system by means of inhalation, and if such a remedy is had recourse to, before the body is completely exhausted, we at once control the nervous twitching or more severe convulsions and thus give time for throwing off the source of irritation, or we allay the induced over-excitability of the nervous system, and give time for the calming down of the tumult produced.

Such a remedy, I believe, exists ready to our hands in the shape of chloroform, administered by inhalation.

But, without any further preface, let me relate five cases in support of this view: J. R., a boy aged seven months, with a large and very irregular head, child of a very scrofulous mother but of a healthy father, had several slight attacks, marked by fixing of the eyes producing the appearance of a continued stare, was seen by me in July, 1859, for convulsions

in the form of twitchings, confined at first to the muscles of the face but latterly extending to both arms. When I first saw the patient he was slightly flushed in the face and the twitchings about the mouth were frequent. His eyes were fixed. He had cut no teeth, but the gums were hot, swollen and dry. The pulse was small and irritable and almost past being counted—fully two hundred a minute. The bowels were also in an irritable state; motions frequent, green and slimy.

The gums were freely cut and remedies administered to relieve the irritation of the bowels as well as of the system. These were accompanied by synapisms to the abdomen. These remedies were continued for three days, during which time the child had several attacks daily, each attack increasing in duration and intensity, and the spasms frequently extending to one or both arms, and this although the gums were repeatedly lanced and although the intestinal irritation had wholly disappeared. On the fourth day the anxiety of the parents was very great, and I was abjured by them to do something for the relief of their boy, (whom by this time they had given up as lost) even if it afforded no prospect of a cure.

Having seen, some months before, a case, reported by Sir James Simpson of Edinburgh to the Obstetrical Society there, in which he had kept a child for nearly a week under the influence of chloroform, allowing it only to awake occasionally for the purpose of having it fed, and which resulted in the complete recovery of the child, I had no hesitation in recommending the administration of chloroform by inhalation in the case of J. R. The parents, anxious to see their child relieved of the spasms, at almost any risk, consented. After a few inhalations the spasms and twitchings gradually subsided, and in five minutes they had completely disappeared and the child had the appearance of being in a quiet slumber. This was about two o'clock in the afternoon, the child awoke about four, sucked readily, and remained free from spasms until next morning, when it had a recurrence of them, but this time not so severe. The child had a return of the spasms three or four times every twenty-four hours for four days. Each time they were stopped by the inhalation of chloroform, and they gradually diminished in intensity and duration till the last one on the fourth day was merely a slight twitching about the mouth and turning up of the eyes, after which the spasms completely disappeared.

After the second administration of the remedy I instructed the father, who was a very intelligent man, how to give it himself, and he continued to do so during the rest of the time, I seeing the child twice daily. In all, the child took about two ounces of chloroform. This family remained

under my care for three months, during which time the child continued well and cut several teeth.

#### CASE No. 2.

E. Allen, a girl, aged four years, apparently healthy, although both father and mother look delicate. She never had an attack of convulsions till the present, which took place during the night of the 23rd July, 1861. She had been at a Sabbath school pic-nic on the 22nd, which was a very hot day, was exposed a good deal to the sun, and had partaken freely of half-cooked cakes with dried currants. Her mother was awoke about one in the morning by a peculiar noise and found her child in convulsion; the right side of the face, and the arm and leg of the same side being most affected. In about an hour I saw the patient, she had vomited a little of the cakes and dried fruit, and had had two copious and very fetid alvine evacuations. She had been put into a warm bath. This was repeated with the application of cold to the head, a copious enema, which, however, was not retained any time, administered, synapisms applied to the abdomen, but with no relief to the symptoms. Indeed they rather appeared to increase in intensity. All this time there was powerful closing of the jaws, and no indication of swallowing when liquids were put into the mouth. The pulse was past being counted.

Not having the chloroform with me I despatched the father for it, and in about an hour and a-half from the time she was discovered in the fit began its administration, by inhalation. In ten minutes the spasms had entirely ceased and the child appeared to be in a natural slumber. The remedy was administered twice in the next hour on her appearing to awake. I remained with her two hours longer, and left her in a sound sleep, from which I learned that she awoke about eight o'clock refreshed and ready for her breakfast. During my forenoon visitation I called and found her playing about the house with no trace of the severe ordeal to which her system had been subjected during the night. She had no other remedy, yet she continued well, and I saw her the other day, a stout healthy girl.

#### CASE No. 3.

A. Notz, a large, flabby-looking girl of three and a-half-years, had twice been attended by me during teething for attacks of convulsions, accompanied by gastric derangement. These attacks were slight and she recovered each time in two or three days.

July 27th, 1862—I was called to her about eight in the evening. She had been at a friend's house all day and had eaten a considerable number of unripe plums. She came home complaining only of a little sick-



ness at stomach, was put to bed about seven o'clock and awoke vomiting, and was quickly seized with convulsions. The symptoms were much the same as in the last case, besides which, the evacuations, which were also very offensive, contained what her father called a *hat full* of half digested unripe plums. The jaws were also set and deglutition impossible. Before my arrival she had been put into a hot bath. There was no abatement of the spasms until she was brought fully under the influence of chloroform, which I carried with me in this instance, as I had come to consider it a valuable remedy. After she had been brought fully under its influence the inhalation was stopped, and not resumed again till she was allowed to awake, which she did in half an hour, apparently well. In a few minutes, however, the spasms returned, but were immediately checked by the remedy. This was repeated frequently during the next four hours, and at two in the morning I left her in a natural slumber into which she had lapsed from the anesthesia, and from which she awoke about her usual time in the morning, almost well, but suffering from great lassitude and prostration. This continued for several days with slight febrile attacks. These were treated with alteratives and tonics, and in a few days she was well. She has had two attacks of *febris infantum remittens* since, but no return of the convulsions.

#### CASE No. 4.

E. T., aged three years and two months, was in the garden playing with other children on Oct. 8th, 1862, till about four P. M., when she came into the house in a stupid like state, and it was thought that she must have fallen from a low branch of a tree on which she had been put by one of her brothers. I saw her in less than five minutes, when she seemed to be getting more sensible, but was still unable to speak. When asked what ailed her she put her hand to her head. She could not be got to swallow, and as she seemed improving I told them to watch her. In about half an hour, and without her becoming quite conscious or able to speak, she was seized with twitchings of the facial muscles and fixing of the eyes and jaws. There was also clenching of the fists with inversion of the thumbs; she had had a slight alvine evacuation but it was not fetid. Pulse quick.

I at once administered chloroform in the usual way, and kept it up for about two hours. The spasms yielded to the remedy at once, but recurred slightly when it was discontinued long.

At the end of the time mentioned she had lapsed into a natural slumber, which continued all night and from which she awoke apparently well. Next day she went about the house as usual, and was only restrained, by the

anxiety of her parents, from entering into the ordinary excitements of a playful girl of her age. She has had whooping cough since, but no return of the convulsions.

#### CASE No. 5.

On 29th April last I delivered Mrs. Jones of her first child, a female, by the aid of instruments, having first administered chloroform. The child was small, but throve well till June 13th, when, without any apparent cause, it was seized with fixing of the eyes and twitchings of the face. I saw it soon after, and while there it had a fierce convulsive attack. The child being only seven weeks old, and I never having heard of the administration of chloroform to so young a subject, at first hesitated, but as the convulsions were very severe and recurred so rapidly as to prevent the administration of medicines or nutriment, I was forced to the alternative, and administered chloroform inhalations very cautiously, and was delighted to find that, although it did not control the convulsions so rapidly nor for such a length of time as in the other cases, still it gave sufficient space between the paroxysms to admit of the administration of food and medicines, and for two days the child continued almost free from convulsions. On the following night, however, I was summoned again, the convulsions having set in with renewed severity. Chloroform was again administered with good effect; but it was now evident that head symptoms had supervened, and I cast about me for another remedy with which to combat these, the chloroform being still continued at intervals to check the spasms. It must be confessed that I was somewhat at sea as to the proper dose of the bromide of potassium for so tender an age as seven weeks, and thought it best to begin cautiously, with three grains in simple solution. The effect being beneficial the dose was gradually increased every two hours, till six and ultimately ten grains were reached. The convulsions ceased in two days, but the child lapsed gradually into a semi-comatose condition, from which it recovered in a few days to reveal the mortifying fact that total blindness had supervened. Counter irritation to the scalp, by means of croton oil, as recommended in a recent number of the *Edinburgh Medical and Surgical Journal*, had the most happy effect in removing the blindness, and the child was soon restored to the use of all its faculties, the only disagreeable symptom remaining being a double strabismus. A few days ago I saw the child, and it looked intelligent, plump and healthy.

#### REMARKS.

In remarking on these cases I may say that they represent very well the class of cases of greatest severity which occur to medical men in their

practice among children, and I have little doubt that but for the administration of the chloroform one or more of them would have proved fatal. This I say from my recollection of many cases seen during a connection of over a quarter of a century with the Medical Profession. Taking a retrospective glance into that period the mind reverts with painful interest to several cases of convulsions in children, suddenly supervening after some error of diet, either in quality or quantity, or during the period of teething, without any organic complication, and resembling in their mode of attack, one or other of the five successful cases given above, so closely as to bring conviction to my mind that had we known the mode of treatment specified, a cure would have been the result in all or nearly all.

#### MODUS OPERANDI.

As to the *modus operandi* I have already stated my belief that, in cases such as are given above—and I believe that they are the only class of cases in which we may look for success from this mode of treatment—the remedy acts by keeping the nervous system, and more especially the spinal portion, in a quiescent or even torpid state till such time as the irritation shall have passed away, and the system is left in something like its normal condition to resume its functions.

M. Billard has shown that affections of the spinal cord are more frequent in young children than those of the brain; and M. Olivier states that the symptoms of the former are much better marked than those of the latter, and I look upon these convulsions as being entirely connected with derangement of the functions of the spinal marrow, and being the manifestations of reflex action produced by indirect irritation of the excitatory system, and this view is, I believe, upheld by the action of chloroform in the cases above noted, as, had they been primarily connected with derangement of the sensorium, they would have shown different results.

#### UNSUCCESSFUL CASES.

It will naturally be asked is there no dark side to this picture, no record of unsuccessful cases to be related which might shake one's faith in the potency of this remedy in convulsions. In answer I say that, in all kindred cases in which I administered chloroform, it has been invariably successful, and in only one case was it given unsuccessfully, and that, as was anticipated, proved fatal. During the time over which those cases spread I have seen frequent cases of convulsions in children, but they were either so slight and transient that they required little or no treatment, or they depended on organic disease of the brain and were not adapted for the remedy, so that it was not considered proper to try it except in the one case, which I will now briefly relate.

## CASE 6.

E. M., a delicate girl of eleven years, was also at the Sabbath School pic-nic which we have mentioned in case No. 2. The day was sultry and the heat very powerful. Unlike the child Allen, she had fasted all day with the exception of large drafts of water. Indeed, she was probably ill before going to the pic-nic, and on coming home took to her bed, complaining of headache, accompanied with chills, followed by fever. An officious neighbor pronounced it ague, and the poor child was dosed with quinine for a week, during which time the symptoms continued to increase in urgency, owing, according to the aforesaid neighbour, to the doses of the bitter being too small. These were increased with no better result, and about the end of the week when I was called in, she was in the last stages of Hydrocephalus, como and convulsions being present. The convulsions were so distressing to the parents that they begged of me to give her something to allay them. I told them that there was no hope of her recovery, and that the only remedy I knew of as likely to stop the spasms was chloroform, inhaled. They consented to its administration, and, merely with a view of relieving suffering and not with any hope of cure, it was given. The spasms were held in check while the patient was under the influence of the drug, but recurred with equal violence when it ceased to act. For two days she lingered in this way, gradually getting weaker, till death supervened.

I believe in this case the chloroform did no harm, and it certainly seemed to relieve the patient's sufferings; at all events, the feelings of the parents and friends were spared the witnessing of the distressing spasms. Of course this case cannot be brought forward against the use of chloroform in cases such as this paper refers to.

Since the commencement of this treatment I have notes of other twenty-two similar cases, treated in the same way, and invariably with success. I may mention that I always give the chloroform by means of a thin handkerchief or towel folded up so as to form a hollow cone in the hand.

I have since used it *guttatim*, after the method introduced by Dr. Moir of Edinburgh, as related by Sir James Simpson in the *Edinburgh Medical Journal* for 1863, and since simplified and rendered more certain by Dr. A. M. Roseburgh, viz.: that of covering the face with a single fold of a towel and dropping the anæsthetic on it very slowly.

In conclusion I would strongly recommend the treatment of convulsions of this class by chloroform inhalation, and will be glad to get the views of my medical brethren on the subject.

*A few observations on the Past and Present employment of Bleeding, in the treatment of Feeble and Inflammatory Diseases.* By WALTER B. GEIKIE, M.D., F.R.C.S., Edin., and L.R.C.P., LOND., Professor of Practice of Physic and Clinical Medicine, Victoria University, Toronto, one of the Medical Officers of the Toronto General Hospital.

(Read before the Medical Section of the Canadian Institute, January 21, 1870.)

The subject of this paper is one of great interest, requiring, and well repaying, extensive research into the records of past and present medical literature, and I greatly regret that the limited time at my disposal has made it impossible for me to do it anything like justice.

For inflammation, in whatever part of the body it might exist, general bleeding was long held to be the best, because the most powerful as well as the most efficient means of cure. Our forefathers were wont to use it freely as a preventive of dreaded, as well as a remedy for actually present disease.

In what some, perhaps foolishly, style the good old times, many of the monasteries had a bleeding-house attached to them, where the inmates and others were stately bled, in order to preserve them in high health, and especially to guard against inflammations setting in.

An old poet tells us :

“By bleeding to the marrow cometh heat,  
It maketh clean your brain, relieves the eye ;  
It mends your appetite, restoreth sleep,  
Correcting humours that do waking keep  
All inward parts, and senses also, clearing—  
It mends the voice, touch, smell, and taste and hearing.”

Going back no further than the days of Sydenham, the great physician of the 17th century, often called the English Hippocrates, whose writings abound with wisdom, we find him strong in the laudation of bleeding as a remedy in inflammation and many other diseases. Unlike many of his predecessors and successors, he very carefully, in numerous instances, discriminates with regard to the extent to which this means should be carried, under different circumstances, as the age, strength, or habits of the patient, as well as the seat or nature of the disease. A careful observer, he accommodated his theories to the facts he saw, rather than, as some are prone to do even now, endeavour to make these bend to any particular theory they happen to hold. As a specimen of his treatment, he narrates a case (occurring in the year of the plague 1665) of a young man suffering under this fell disease, whom he bled on the morning and afternoon of the first day's attendance, and again on the following morning. He was very anxious to repeat the operation in the afternoon to carry off the peccant matter, still, according to his view,

remaining in the blood; but the friends objected; and the event, says Sydenham, confirmed my prognostic, for purple spots appeared next day, the peccant matter yet retained corrupting the blood, and he died in a few hours.

In treating of small pox he directs that, if there be any suspicion that the disease is about to be confluent, it will be highly serviceable to bleed immediately.

He speaks very favorably of bleeding in dysentery, sometimes using no other remedy; and it was often employed by him in measles. He calls it by far the best pectoral in whooping cough; and in pleurisy, he says, he has seldom known a case cured in an adult with the loss of less than 40 ℥ of blood. After a month's purgation, this celebrated physician was wont in obstinate gonorrhœa, to bleed from the arm to the extent of 8 ℥ or 9 ℥.

Mead, physician to George II., was a great bleeder. He enjoins two or three bleedings in small pox, directing that two or three days should elapse between them; and characterizes those who enjoin only one in such cases, as "guilty of ill-timed caution." He bled regularly in hydrophobia, in the plague, in measles, in what he calls "slow or hectic fever," in insanity, in all kinds of asthma, in bloody flux, and in many other affections.

No wonder that his contemporary, Addison, in one of his inimitable essays, should write of the profession of physic, characterizing its members as a most formidable body of men, the very sight of whom is enough to make a man serious. For, he continued, "we may lay it down as a maxim, that when a nation abounds in physicians, it grows thin of people. Sir William Temple is very much puzzled to find out a reason why the northern hive, as he calls it, does not send out "such prodigious swarms and overrun the world with Goths and Vandals as it did formerly; but had that excellent author observed, that there were *no* students in physic among the subjects of Thor and Woden, and that this science *very much flourishes in the north at present*, he might have found a better solution for this difficulty than any of those he has made use of. This body of men in our own country may be described like the British army in Cæsar's time; some of them slay in chariots, and some on foot. If the infantry do *less* execution than the charioteers, it is because they cannot be carried so soon into all quarters of the town, and despatch so much business in so short a time. Besides this body of regular troops there are stragglers who, without being duly enlisted and enrolled, do *infinite* mischief to those who are so unlucky as to fall into their hands."

The great essayist was a master of satire, and wielded it with great

effect in exposing what he took to be the weak points in any man or body of men coming under his notice, and, in this instance, it must be admitted there was much truth in his sharp although clever sally.

Pringle, the eminent army physician of the 18th century, in treating of inflammatory fever, says "that bleeding is the principal remedy in all inflammatory diseases"; and attributes cases ending badly, to its having been too long delayed, or not having been repeated sufficiently often. He orders, in cases requiring copious blood-letting, that the patients had better be bled lying down, for fear of fainting occurring before enough could be taken.

Dr. Dover, buccaneer and physician, well known by the powder which bears his name, although no very high authority in medical matters, wrote a little work, "An Ancient Physician's Legacy to his Country," in which he narrates his experience and treatment of the plague which broke out on board of his vessels. He ordered the surgeons to bleed every case, and there were at one time 180 of them, and they were to be left bleeding until they fainted, before tying up the veins; and the doctor speaks very highly of the effects of this bloody practice.

Rush, the celebrated American physician, and one of the signers of the Declaration of Independence, enjoyed a very high reputation for success in practice, which sprung chiefly from his having treated a very bad form of fever epidemic at the time in Philadelphia and elsewhere, in a very bold way—the lancet being his chief weapon. He gives a list of patients who were bled by him to the extent of from 110 to 176 ounces, and he fully believes that these excessive bleedings saved their lives. He wrote a work, said to be a very able one, entitled "A Defence of Blood-letting."

Cullen was a strong advocate of bleeding in inflammations. He speaks of it as the principal remedy when the phlogistic diathesis and the violence of reaction are sufficiently manifest; he gives many wise cautions as to the selection of the proper cases and stages of disease for its employment. But that he had unbounded faith in the necessity of what we would now call heroic depletion is shewn in his remarks on the treatment of pneumonia. He directs bleeding as the means chiefly to be depended on, and recommends, where it can be done, that the blood be drawn from the arm of the affected side, and suggests that the quantity taken should be as large as the vigour of the patient will allow, which, in an adult male is generally from 4 to 5 lb, that is from 64 to 80  $\bar{z}$  in the course of two or three days. This loss, he assures us, can usually be safely borne, and that sometimes even further depletion may be advisable in severe cases, adding that, when we can no longer safely take more blood from the arm, we may have recourse to local means, as cupping.

Viewing, like ourselves, tubercle as the chief cause of phthisis pulmonalis, he directs, in cases where it exists, that patients be bled and kept on low diet, animal food not being allowed at all, in order to keep down the inflammation of the lung likely to be excited by it. It would be difficult to find a more noteworthy illustration than this, of the practice founded upon the idea which, in times not very remote from our own, filled the minds of medical men with the imperative necessity of bleeding whenever inflammation was shown or supposed to exist. Such views as these as to bleeding were held long after Cullen's time.

Andral, the eminent clinical lecturer and pathologist, whose opinions in regard to the value of bleeding may be considered those of the great majority of the French medical profession to within a very few years of the present time, in speaking of its value in pneumonia, uses language which none can mistake. He declares "that the experience of ages has taught us to be more prodigal of blood-letting in pneumonia, than in any other disease—that there is no period of the disease—no condition of the pulse—no apparent debility of the system—no age which forbid its practice."

And as an illustration of English practice about the time Andral's celebrated lectures were published I narrate the following case:—A once celebrated London surgeon, Sir Wm. Blizard, had, in 1833, under his care in one of the London Hospitals, a man aged 49, who had been run over by achaise, and had had several of his ribs broken. There was a good deal of emphysema, and pain in the side present, as well as difficulty of breathing. He was at once bled to xv  $\bar{5}$ ; besides being purged. Next day the pain and other symptoms having increased, he was again bled this time to xx  $\bar{5}$ . Next day he had 20 leeches applied to his side, and three days afterwards had xxx  $\bar{5}$  more of his blood taken. On the next day he was bled again, this time to xx  $\bar{5}$  because the blood taken the day before was buffy in appearance. Next day, again 20 leeches were applied to the poor creature's side, and the last we hear of him is that he is extremely weak. I have omitted some of the treatment, as blistering, tartar emetic and purging, as not specially related to the subject of this paper, but have given just enough to carry us back in sympathy with the poor martyr to the supposed magical curative power of the Lancet.

Armstrong, in his work on the Practice of Physic, (1854), orders in Pneumonia, patients to be bled to approaching syncope, else instead of being benefited, he insists that they are the injured. In Pericarditis the same authority enjoins very decisive treatment in order to save life. Copious bleeding, standing *first* on the list of remedies. He says he has to take 100  $\bar{5}$  of blood in a single case before the inflammatory process was arrested.



Gregory in his *Practice of Physic*, (4th edition, 1835), says of bleeding, that its infinite superiority to all other modes of treating inflammation has been acknowledged in all ages, and other things may, and do assist, but it is to the unloading of the vessels by means the most direct, that the judicious practitioner looks for the certain and speedy means of reducing inflammation. The attempts, he further says which have been made at various times to supersede the employment of bleeding have signally failed, and it is still, and always must be, the sheet anchor of the Physician's treatment

To Marshall Hall is chiefly due the systematizing of our knowledge as to the varied tolerance of blood-letting in different inflammatory diseases.

Unquestionably his admirably written essays on this subject did much good in bringing vividly before the profession what was, previously, not very generally known—that in inflammations of some structures, as, for example, the membranes of the brain, large bleedings were comparatively well borne; while in the same morbid condition of other parts, as mucous membranes, they could not be safely carried to any thing like the same extent. The maximum tolerance, according to Dr. Hall, in inflammation of the brain, is 50 ℥. The minimum, in inflammation of the skin and mucous membranes, xv ℥.

Thus you will perceive that in medical writers, down almost to our own day, there is singular unanimity in the views entertained regarding the value of blood-letting in inflammation. True, as the knowledge of anatomy, physiology, pathology, and therapeutics has advanced, some authorities, while loudly praising the free use of the lancet in appropriate cases, enjoin a care in diagnosing disease, of which, most older authors were quite innocent, but *all*, or *nearly all* of the great lights of the profession in the past, appear to have been fully impressed with the idea that, in acute diseases, they could in no way so successfully promote the recovery of patients as by draining from the system the largest possible quantity of blood, a fluid so easily taken away, but as we, who now understand its nature and value better, know, so difficult in many cases to replace.

Coming to our own times, the most modern authorities differ widely as to the value and necessity of the lancet in acute diseases. Watson and Aitken speak very guardedly on this subject, and while clinging to the view that in some cases general bleeding is of great value, their practice may be gathered from the remark of Dr. Watson, quoted approvingly by Dr. Aitken, "that we should so bleed as to secure the advantages of the remedy and avoid its disadvantages—so use as not to abuse it." No one can find fault with this. The advice is excellent; but the practical

difficulty encountered by the student and practitioner amidst the conflict of authorities, is to decide *when* it can thus be wisely and beneficially practised.

That Medical Men of *little* and sometimes those of even considerable experience should feel at times grave doubts on this point, is not to be wondered at, for Dr. Watson himself, while speaking of bleeding as a proper remedy for certain flagrant cases of inflammation, says, that such are very rare now, and that years have passed since he has had occasion to use the lancet. And, Dr. Williams, of London, who in his essay on Pneumonia written about 30 years ago, advises blood to be abstracted to the extent of from 16 to 40 oz., according to circumstances, in a recent work, remarks, that cases requiring any depletion are much more rare than formerly, thus corroborating the observation of Dr. Watson.

Dr. Todd says in his work, published 10 years ago, on acute diseases of bleeding in Pneumonia (which may be taken as a type of inflammatory disease) that, he has for years ceased to employ it, on account of its having given such unsatisfactory results, many deaths and slow recoveries following its use, and this he deliberately gives as the result of 30 years' experience.

Hughes Bennett, of Edinburgh, while now and then employing small local or general bleedings in cases where threatened asphyxia or severe pain requires it, declares, that bleeding as heretofore practised prolongs, and renders disease proportionally more fatal. In proof of this, he adduces statistics of Pneumonia treated as of old by copious depletion, from which it appears that during 10 years infirmary practice in Edinburgh, the mortality was 1 in every 3 cases.

Employing smaller depletions and using simple means, other observers give the mortality at 1 in 6 or thereabouts, and under the expectant or "do nothing" treatment, *one* in 13½. Dr. Bennett found that with a supporting treatment, sometimes with, sometimes without stimulation, with simple medicines given to favour the excretion of morbid products from the system, the mortality fell to 1 in 26. The vast difference between 1 in 3 under the old free bleeding plan, and 1 in 26 under a treatment whereby the powers of life were husbanded rather than wasted is very striking: even if exception be taken to the full reliability of the recorded statistics in all particulars, and no doubt Dr. Bennett has contributed largely by his writings and laborious investigations in this wide field to the recent revolution in Medical practice, under which happily, even in acute diseases, whatever sustains the strength of the sick is employed, while whatever tends to lower it is either, and very properly altogether shunned, or very briefly and very sparingly used.

Tanner is loud in his denunciations of the bleeding system of treatment, asserting that it never cuts short an inflammation. That it does not sensibly diminish the amount of blood in the inflamed part, that by depressing, it favours the extension of the disease and lessens the rallying powers of the system; opinions very similar to those stated 30 years before by Louis of Paris, for which that able and useful writer has been often most sharply criticised, he having committed the crime of being in advance of his day.

Niemeyer, of Tubinger in Wurtemberg, author of a standard work on medicine, recently republished in the United States, takes strong ground against the bleeding treatment, in ordinary cases of inflammatory disease. Pneumonia in persons previously healthy requiring he maintains, no more active treatment than erysipelas, small pox or measles. He justifies the statements of those authorities who allege that death occurs much oftener when bleeding has been used, than when it has been omitted.

In Pleurisy he considers bleeding (general he means) as more dangerous than in Pneumonia, and in Peritonitis, he thinks in the vast majority of cases it should be avoided, and his opinions are similar in regard to venesection in many other inflammatory diseases.

Professor Flint in the last edition of his practice of medicine, a most valuable work, takes a very judicious view of the value of bleeding and the rules for its use. Deprecating the extent to which it used to be carried, he is inclined to think that the reaction against it may at present tend to prevent its being used in the few cases where it may be of real service. His opinions, too, are perhaps best expressed by Dr. Watson's pithy observation already quoted, "so using the remedy as not to abuse it." Having cited a considerable number of older as well as more recent opinions as to the value of depletion in inflammation, I may be expected in view of the material change which has taken place in modern theory and practice, to attempt some explanation of this change.

Some aver that the atmosphere has undergone permanent though inappreciable modification in consequence of various epidemics having from time to time swept over large portions of the world, and they point to the low character which disease now-a-days is so prone to wear as indubitable evidence of the correctness of the theory. Others with equal confidence insist that from causes, doubtless atmospheric, but utterly unknown to us, ailments assume different forms at different times, and while admitting that at present, *in all diseases*, the tendency is rather towards the *asthenic* than the *sthenic* type, they assert that in all probability this may soon be reversed, and inflammations once more present all

their former acuteness and again require the employment of the most active antiphlogistic means in their cure. A third class of writers, embracing some of the best minds in Europe and America, maintain that diseases have not altered, but that our knowledge of their nature, progress and tendencies has been so much augmented that we can now detect their presence much earlier than formerly; that our list of remedies has been largely extended and our skill in using both new and old so greatly increased that with a better furnished *Materia Medica* and sounder therapeutical principles to guide us in its use, we can employ remedies which answer all indications incomparably better than the old reducing plan ever did, because, while more successful in curing existing disease, they husband rather than waste the powers of the system. My own opinions accord with these last stated, and I am fully convinced that as time rolls on and our knowledge increases the treatment of disease will become simpler and more successful because based on principles at once more scientific and more in accordance with that much belittled but rare endowment, common-sense.

It need surely excite little surprise that amid opinions differing so widely as those I have adverted to, students and junior practitioners sometimes feel at a loss as to what is really the right theory and practice in the matter of depletion in disease. Medical men of the greatest learning and ability say that occasionally their best judgment is taxed to the utmost in deciding upon the best course to pursue in special cases, and the difficulty must be very much greater to those who have their experience yet to acquire.

I think a correct idea of modern practice in this important matter may be obtained by classifying all cases in some such simple way as the following:

A *First Class*.—Where the inflammation is exceedingly acute, occurring in the very robust, the part affected being a serous or parenchymatous structure. Such diseases are now hardly ever seen, and even in them general bleeding is by no means *always*, or even very often, required, but is occasionally judicious, employed not in the *coup sur coup* style of Bouilland and Andral, but in great moderation to relieve the urgency of some of the symptoms, its sedative effect to be kept up and its repetition rendered unnecessary by appropriate after treatment. Bleeding thus cautiously and seldom used and never carried to excess, will moderate some of the most distressing symptoms, assist in checking the progress of disease, and can never cause any lasting weakness. In this class the diet should be simple and unstimulating, increased as circumstances may require during the further course of the particular case. I may

remark as illustrative of the rarity now-a-days of affections acute enough to demand the lancet, that during an extensive practice I have not for many years had occasion even once to employ it for inflammation, and I am satisfied that most of my professional brethren have had an experience in this respect very similar to my own.

Then there is a *second class*, where the disease is acute, although less so than in that just spoken of. These are very often met with and are much better *without* than *with* blood letting. This should never be employed unless locally, and but seldom even in this way, unless where some symptom specially calls for it. Full and recent observations prove that measures tending to reduce the general strength in diseases of this class are, as a rule, most injurious, while appropriate medicine and sufficient support, with or without stimulation, as may be required, will secure all that skill can accomplish and shew a far lower mortality than the followers of King Lancet could ever boast during the palmiest days of that monarch's long reign.

We have a *third and last class*, with which I will bring this paper to a close. Under this class, sadly too numerous, are included all cases where, whatever be the *seat* of the existing disease, the general symptoms are of a low character. Here not only is no depletion called for, but recourse to it would destroy the lives of patients. What has to be done is to keep up the system by food and stimulants, (the latter never in excess of what each case requires) while in the selection of medicines to remove special diseases which may be present, none are to be thought of which at all conflict with the *grand*, and in these cases the *essential* indications of sustaining to the utmost the vital powers.

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#### *Case of Poisoning by Ergot.* By DR. G. S. OLDRIGHT.

Abstract of a paper read before the Medical Section of the Canadian Institute, Toronto, 4th February, 1870.

Dr. Oldright read a paper entitled "Acute Poisoning by Ergot." He related a case which he had witnessed. The ergot was given three days after delivery, to control secondary hæmorrhage. The loss by flooding was very slight. About two hours or more after the administration of the ergot the patient began to feel a tingling in the fingers and feet, cramps in the legs, arms and chest, dizziness and weakness. The pupils became dilated, and the pulse very small, and, if memory serves, accelerated; at the same time a feeling of coldness was complained of. Stimulants and warmth were applied. In about an hour the symptoms

gradually subsided, and all went on well for a few hours, when the same symptoms recurred, but with greater intensity. Stimulants were again administered. Heat was applied to the surface of the body by means of extra bed clothes, hot bottles and flannels dipped in hot water. This was continued for two or three hours, and it was not till the end of that time that the slightest diaphoresis, or even a good glow of heat was induced. Then, the face and head suddenly became intensely congested, being of a purplish red colour. Pain was felt in the head, and the patient seemed much excited and confused. A brother practitioner was called in, and it being feared that convulsions would occur, cold cloths were applied to the head. This intense engorgement gradually subsided, but the congestion continued for two or three days, as manifested by pain in the head, photophobia, &c. Another symptom which was noticed was a diarrhœa, in which the stools were of a dark grey colour, looked as though meal had been stirred through them, and had a peculiar sickly, indescribable odor. They were accompanied by griping pains. This condition of the bowels was noticed in another case, occurring a few months after, where ergot had been given. Here also, there had been a good deal of weakness, and a continual recurrence of faintness, but this was attributed to loss of blood during labour and before it, the case having been almost one of placenta prævia.

After alluding to two other cases, not so well marked as that given above, however, of which he had been informed by other medical men, Dr. Oldright dwelt briefly upon the *modus operandi* of ergot in these cases. Wood in his "Materia Medica and Dispensatory," teaches that it is a direct deponent, partially paralyzing the heart and the capillaries. Dr. Oldright did not feel prepared to go very deeply into the question, but it seemed to him probable that its primary action is excitant to the special and sympathetic portions of the nervous system, exciting muscular contraction and increased tenacity of musculo-fibrous and fibrous tissues. Hence the spasms which it causes. In this way it could diminish the calibre of the arteries and capillaries, whilst it would impede, (and here we must remember how continuous and unremitting is its action on the womb), the action of the heart, keeping it in a condition of continuous partial contraction. This causes starvation of the brain, (as well as of other parts) and at once brings on the second stage—faintness, vertigo, &c., &c. This is soon followed by the third stage of reaction and congestion of the brain.

Amongst a number of arguments the following were adduced: It is inconsistent to attribute to the same drug the power of directly exciting muscular action in one organ, and of directly paralyzing others. Dr.

Wood himself confesses, when speaking of the recommendation ergot has received in paraplegia and paralytic conditions of the bladder, that its "applicability in these cases would scarcely be inferred from anything that is known (according to his theory) of its physiological effects." This points to a power of inducing muscular action : so also do the cramp in the legs, chest, &c., which he does not explain. Again, paralysis of the capillaries would not, as Dr. Wood asserts, arrest hæmorrhages. He takes it for granted that the capillaries have, *in se*, the power of propelling the blood.

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*Carbolic Acid, and the Germ Theory.* By W. CANNIFF, M.D., M.R.C.S., Esq.; Professor of Surgery Victoria University, Surgeon to the Toronto General Hospital, and Vice-President Canadian Medical Association.

The readers of the *Canada Medical Journal* cannot but be pleased to have a communication from one of Prof. Lister's disciples upon the subject of carbolic acid as an antiseptic application in the treatment of wounds, and personally I am obliged to Dr. Malloch for his statements. His exposition of Prof. Lister's views, namely, that air-germs act mischievously solely by causing decomposition of dead organic matter. I humbly hope that I correctly state the question; that I do not misunderstand Dr. Malloch's words. It has been the misfortune of every one in Great Britain, who has publicly expressed his disbelief in the theory urged by Prof. Lister, to be charged either with jealousy or entire misconception of the plan pursued by that gentleman. Probably it is no cause for surprise that I should be likewise charged, not with jealousy, for that is out of the question, but with "holding incorrect views of the antiseptic system and of its practical application." But I have carefully read Dr. Malloch's communication, including the quotations from Prof. Lister's writings, and I have failed to see wherein my error exists. I have looked over my former paper, and again fail to see upon what ground Dr. Malloch bases his allegation. Because I place suppuration before decomposition in enumerating the alleged effects of air-germs upon the surfaces of wounds, does not warrant the conclusion jumped to by Dr. Malloch. I suppose that if decomposition is the starting point in the progress, and suppuration is the first effect, that in order to continue the suppuration, death and decomposition must take place of the pus cells, in which case suppuration, or degeneration would precede actual death; moreover I cannot see that the essential question is in any way effected, whether the air-germs have the power to directly cause suppuration, or indirectly by producing decomposition of—what?

As Dr. Malloch has stated that I did not understand the views held by Prof. Lister and his followers, perhaps I will be excused if I say that Dr. Malloch has somewhat misunderstood my remarks with respect to the effects of carbolic acid as a wash. It may be that this arises from the "vague" way in which I express myself. Still I think the short quotation he has made from my paper, conveys the meaning I intended. It is as follows: "the mode of applying carbolic acid with water amounts to a frequent and much needed washing of the parts." I will, however, explain and enlarge. In connection with wounds, especially in the lacerated and contused, there will be a certain amount of discharge, consisting of either serum, liquor-sanguinis, or pus, with either of which we may mix dead organic matter. Organic matter, as soon as it becomes lifeless, tends to decomposition, whether in contact with the air or not. Now if this material be allowed to remain upon the surfaces of a wound, there will be the greater danger of absorption. If the wound is covered up, with the view of preventing the air from coming in contact with the wound, the condition of the part is made more serious. A certain quantity of air is pent up in the part, and this favours decomposition, not because certain organisms are there, but because the abiding air favours, chemically, decomposition, while at the same time the appliances prevent the escape of discharge. Now it is submitted that *nothing* can be more beneficial under such circumstances than to wash away the discharge; and secure a *change* of air, allowing the foul air to escape, and pure, fresh air to come in contact with the wound. Furthermore, it is submitted that the carbolic acid, especially the more diluted, recommended by Prof. Lister, by being applied from time to time, does wash way the discharge, and at the same time permits a desirable renewal of the air.

Any one reading only the paper furnished by Dr. Malloch would have reason to conclude that I did not attach any value to carbolic acid as an antiseptic. I think I have some reason to complain, that while Dr. Malloch remarks that I vaguely state principles he, forgets, no doubt, unintentionally, to fully state my position.—I will quote from my article first, "the drug," carbolic acid, "undoubtedly has the power to prevent decomposition of dead organic matter." Then, in the following paragraphs "But carbolic acid not alone acts as an antiseptic, it seem to have the power to change the character of an ulcer, the products of inflammation are by it decidedly altered. The fibrin poured out becomes, under the influence of this substance, no longer corpuscular, but highly fibrinous, with a tendency to adhesive inflammation: the stronger the application the more decided the effect. Probably, I may say the more caustic its effect, the more beneficial it proves to be," and I add,



“ Perhaps it is by virtue of the caustic properties that benefit is derived. By its use pus-making material is converted into plastic material.” Dr. Malloch’s mind is so intently fixed upon the germ theory that he cannot discover my meaning—that the fibrin poured out for repair may be deficient in vitality, so that it rapidly degenerates into pus; and that carbolic acid applied to the tissue from which such fibrin is poured, will have the effect of increasing the vitality of fibrin by which it becomes more plastic, and capable of acting its part as a healing agent.

Dr. Malloch says, “ with regard to the case of foetid perineal abscess, I may state that it is exceedingly rare to find the contents of an abscess foetid, except when it has formed, as in this case, ( the one reported ) in the neighbourhood of a mucous canal. Now, this abscess was opened above Poupart’s ligament, and allowing all that may be obtained by statement about mucous canals, I submit that if but one case can be adduced in which there was decomposition under cover of the skin, without the presence of air, then, the germ theory falls to the ground.” Dr. Malloch saw this and has attempted to throw discredit upon the case I mentioned. This may be one easy way of getting over a difficulty; but it can hardly be called a fair way. As Dr. Malloch doubts either my word or my power of correct observation, I will give the facts of a case recorded by Dr. Wylie, in the London edition of the *Lancet*, July 4th, 1868. Dr. Wylie is a believer in Prof. Lister’s views, and records several cases in which he had to his satisfaction followed the system recommended by Prof. Lister. Among these is one of abscess of the ankle joint. He opened the abscess according to rule, “ and a large quantity of foetid blood and pus came out.” The history of surgery is full of cases where abscesses of the joint, and of the bone when first opened, poured out foetid matter; and not a few cases where bruises were followed by abscess, which when opened were found to contain decomposing material.

In conclusion I beg to say that I do not “ seek a solution of the undoubted (?) success which has resulted from Prof. Lister’s practice. I think it remains to be proved that unusual success has attended his practice. Says Dr. Black of Glasgow, respecting this question: “ that, judging by practical results, the use of carbolic acid has been no success. In a letter in the *Medical Times and Gazette*, the following appears:—In the years 1860, 1861, and 1862, before the introduction of carbolic acid (into the Glasgow Royal Infirmary), I find 126 of the amputations I have mentioned recorded. Of these 126 there died 41, which gives a mortality of 1 in 3. On the other hand, in the years 1867 and 1868, or since carbolic acid has been used so extensively in that hospital, there were 73 amputations of the same kind; of those 30 died, giving a mortality of

1 in 2½. The results are even more unsatisfactory if we take compound fractures, which are the cases reported to be most benefitted by the carbolic acid treatment. I find in three years already mentioned, that there were 114 compound fractures treated in the infirmary; of which 26 died, or nearly 1 in 4½. In 1868—a year in which, as I have been told, all the surgeons in the hospital used carbolic acid—there were 59 compound fractures treated, with a mortality of 20, or more than 1 in 3. Have these statements been refuted? How can they be reconciled with this carbolic acid fuss?" Dr. Black expresses himself as follows, and I cannot but agree with him: "I hold that, as a rule, these medical and surgical sensations are obstructive to the progress of true science, owing to the mental diversion from other and rational treatment, and the necessary time occupied in unlearning."

Toronto, March, 1870.

*Case of Poisoning by Opium.* By J. B. CHAGNON, M.D., St. Pie, Province of Quebec.

On the 27th of August, 1869, I was called in great haste to attend A. G., a medical man, who, I was told, was in the most desperate condition. Being informed that the cause of illness was a quantity of some poison swallowed, I took with me what drugs I thought most necessary under such circumstances. The distance to be travelled before reaching my patient was nine miles. Being introduced into the room, I almost made up my mind that I was too late to be of any service. The lips were livid; pupils contracted to their minimum; tongue projected, tumefied and blue; nails greatly congested; respiration stertorous, irregular and even sometimes interrupted for a considerable time. The skin was cold and the pulse almost imperceptible and also irregular.

It was then two o'clock in the morning, and I was further informed that he had swallowed two ounces of laudanum three hours previously.

An intelligent gentleman had, during that lapse of time, done the best he could by the administration of a strong decoction of coffee. Although without hardly any hope, I ventured to throw into the stomach twenty grains of the sulphate of zinc, which I did with the help of a flexible catheter. I did not wait for the effect of the emetic, but without further loss of time I administered an enema containing one ounce of turpentine, with the intention of rousing the system.

As my patient was naturally plethoric, and being sure that the blood was saturated with the poison, I opened the *median cephalic*, and 24

ounces of dark blood was voided. A quarter of an hour after, the muscles of respiration suddenly ceased their action, and I thought, for a while, that all was over.

Yet, the heart continued to beat very feebly, and it was in that critical moment my sole hope for still further action. I immediately commenced artificial respiration according to the Sylvester method and continued it for a whole hour, without any other apparent success but to retain a mere shadow of life. I re-opened the vein, and drew 16 ounces of a yet more carbonized blood. But as I did not desire to abandon artificial respiration whilst I bled, and Sylvester's method being now impossible, I adopted a new kind, which I think quite as efficient. It consists in lifting up and alternately depressing the muscles of the thorax, by grasping the anterior border of the pectoralis major, and by a to and fro motion, artificial respiration is easily effected, the operator being close behind the head of the patient.

It was now half-past four, and no decided improvement was yet discovered.

But as the old saying, which is nothing else but truth, says, "want is the source of all means;" thus, in the urgency of the case, I invoked the spirit of invention. I happily had a hypodermic syringe with me. I proceeded at once to inject into the cellular tissue 20 minims of Aq. Am. Arrom; diluted with a little pure water. I began over the insertion of the diaphragm and repeated them every quarter of an hour, continuing at the same time, artificial respiration.

At a quarter past five, the pulse became more full, and half an hour after, natural respiration was established. I continued the injections on the arms and legs at the same intervals, when, at seven o'clock, I had the extreme satisfaction of seeing my patient roused completely from his state of narcotism. He subsequently made a speedy recovery.

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*Case of Emphyzema, occurring during severe labour.*—By F. W. SHIRRIFF, Huntingdon, Province of Quebec.

Mary C——. aged 23, was visited about one a. m., on the morning of December, 1869.

Had been in severe labour for twelve hours. Found the head pressing slightly on the perineum. Vaginal opening small; integuments very rigid and unyielding. Applied hot fomentations and rubbed the parts freely with lard, labour pains very severe, and the patient pressed with great force, holding her breath. Shortly after my arrival some one

remarked that the left side of her face was swollen; soon after she requested her cap strings to be untied as she was likely to be suffocated. I had looked at her face, and found that her face was frightfully swollen. Her eyelids puffed out so that she could not see. Her cheeks, neck and breast were also greatly distended. She had no difficulty in breathing. In about two hours after my arrival a living child was born. She complained of weakness, and her pulse was extremely rapid and scarcely perceptible. There was no uterine hemorrhage. I gave ol. Terebinth, ʒ ii, which did her good. I remained until daylight. The swelling was much diminished in the face before my departure, but crepitation was still very distinct under the skin.

I returned next day, and found her very much better, swelling was much diminished everywhere, but still very marked in the upper part of the chest, where there was much soreness. Her voice remained natural. I ordered her chest to be rubbed with spirit. camph. Since then the patient has continued better. In this case the air must have escaped through some small laceration of the larynx.

This is the first case of the kind I have met with in thirty-eight years of practice.

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## CORRESPONDENCE.

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### AMALGAM OF MERCURY AS A FILLING FOR CAVITIES OF TEETH.

#### REPLY TO MR. BOWKER.

*To the editors Canada Medical Journal.*

In a late number of the *Canada Medical Journal* I observed an article from Mr. H. M. Bowker, of Montreal, upon the use of Amalgam of Mercury and other metals, for filling cavities of teeth.

Although unwilling to engage in any discussion upon the subject, I cannot as a member of the Dental Board and one of the teachers at the Dental College, allow the statement contained in that article to go unnoticed.

I with pleasure acknowledge much of truth in the article, and in the main agree with him as to the unfitness of Amalgam for filling teeth. I have, however, long since discarded its use only in exceptional cases. For filling with this material, as in general use, can only be viewed as temporary or comparatively at best of but little value. Besides, much may be said prejudicially against its use, from the occasional instances of injury which may (as described in his article) have resulted therefrom. Yet

on the other hand it cannot be denied but that it has been a great benefit, and I may say a blessing in a far greater number of instances. The essential point with regard to it, as with all other material, is to know when, where, and how to use it.

I have not the pleasure of knowing Mr. Bowker, nor from what source he has obtained his information, or his motive in giving expression of censure so erroneous as in this article relating to the Royal College of Dental Surgeons.

The statement that the use of Amalgam is encouraged by this institution is far from the truth. And it is much to be regretted that a gentleman of our Profession, residing at Montreal, should have regarded it necessary to send, for publication to your widely-read journal, statements so incorrect, and reflecting so severely upon a body with which he has no connection, and which is earnestly striving to affect reform.

F. G. CALLENDER, L.D.S.

Toronto, March, 1870.

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#### LONDON CORRESPONDENCE.

Although everything is very quiet at the present time there is a restless undercurrent of agitation going on, indicative of a stormy horizon in matters Medical. In the first place, parties are by no means united, in regard to the proposed amendments to the Medical Act, to be brought forward in the next Session of Parliament, that is to say, if there is any prospect at all of doing so, owing to the uncertainty of the time likely to be taken up by the legislation for Ireland. In the next place, we know for certain that one or more petitions to Parliament will be presented against the application of the Medical Act to the Colonies, unless the most ample provision is made for the recognition of Colonial degrees. Indeed when we reflect that the Colonies pass their own laws, and practically govern themselves, it seems monstrous that the provisions of the Medical Act here, which were originally intended to apply solely to the Mother Country, should be made to apply to the former, where it is well known, a good working licensing system has long been in operation. This, to all thinking men, is a gross injustice, and would very soon be remedied if petitions were got up in some of the chief Colonial cities, of Canada especially, against the proposed amended Act here. If they are simply forwarded to the Colonial Minister in London, it will do, or the writer would gladly be the means of seeing that they are presented at the proper time. It would be desirable to state in the petitions that the hostility of the Colonists to the Medical Act has arisen from the circum

stance that no provision has been made for recognising Colonial degrees, which are on a par with those of the Mother Country, both as respects the examination and period of study. and that unless they are recognised for registration here, your petitioners humbly pray that the Medical Act do not be forced upon any of the Colonies. We would further suggest that members of the Canadian Parliament should bring this matter before the Government of the Dominion, and a remonstrance with the Home Government consequently ensue. No time should be lost in doing all this, as Parliament will assemble next week, and early agitation is likely to be beneficial.

The amalgamation of the London societies, or rather of three or four of the Medical societies, is expected to be brought about very shortly, as the Committee have agreed upon a scheme for their union which will be submitted to their various members for adoption. A great many of the different members look upon any scheme as very uncertain and doubtful in its harmonious working, especially in a financial point of view. The Royal Society of Medicine is the name chosen as the most appropriate, which very inadequately does justice to such a body. Royal Academy would have been a better name, but some thought it savoured too much of the common school, and it was abandoned.

Dr. Geoghegan of Dublin, one of the most kind-hearted and popular men of the Irish School of Medicine has been suddenly removed from us. Many Canadian practitioners will no doubt recollect him well, as one who was ever ready, equally with many of his colleagues, to show them everything of interest in the Irish capital. He was in the prime of life, and in comparatively good health up to the period of his death, and will be greatly missed. He was one of the most agreeable and fluent lecturers we have ever heard, and had the happy knack of rendering a difficult subject into the most familiar language, so as to be intelligent to the meanest capacity. The vacancy in the city of Dublin Hospital, caused by his death, has been filled up by the appointment of a gentleman named Purser, stated to be his nephew.

Several Canadian graduates have just passed their examination as members of the London College of Surgeons, among them are Dr. Joseph Boyer of Toronto, Dr. William Wade of Cobourg, Dr. Henry Widdifield of Toronto, Dr. Frank Buller of Campbellford, and Dr. David Earl Burdett of Belleville. The last named gentleman is coroner for his district, and is a highly popular and much esteemed person, and whilst here was a great favourite with all who knew him. By the way, we may mention that the new Professor of Dermatology, Erasmus Wilson, commenced his short course of lectures on the 31st January, which was

largely attended, and profusely illustrated, especially with models of skin disease. The subject is now considered of so much importance that it is specially taught at all the large hospitals, one day in each week being set apart for cutaneous diseases, and it has been found to answer well. The same thing occurs with diseases of the eye, and diseases of the throat and larynx.

At no period, within the memory of man, has there been such an immense number of horrible murders and suicides as has occurred in this country lately, and indeed we might say in some other parts of Europe. Our papers are filled with accounts of them, more than enough to gratify the most morbid taste for such reading. It is a circumstance difficult to explain, unless that the peculiar and most miserable weather we have had for some time past, conjoined with want of employment and food, has produced a state of irritability in the minds of many persons which mocks control, and ends in murder or suicide. The number of burglaries, and robberies too from the person, has been greatly on the increase, and it is dangerous to be out at night in London now, in unfrequented localities. It is to be hoped that the year 1870 will be a more fortunate one than its predecessor, as regards such occurrences; but as the number of the poor and half-starved is very much greater now than it was at this time last year, a great effort will be made this summer to promote a scheme of general emigration, to relieve us of a population that is sure to do better in more favoured regions than our metropolis. No doubt you will receive a proportion of the good and the bad in the Dominion of Canada.

In conclusion I may observe that Howard's patent ventilator is beginning to attract some attention here, and, when it becomes well known, is likely to be largely adopted; its simplicity and ready adaptability are great things in its favour. The inventor, as your readers well know, is a Canadian physician.

London, February 3, 1870.

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FROM AN OCCASIONAL CORRESPONDENT.

LONDON, February 25, 1870.

The chief topic of interest to the medical profession at the present moment is the assembling of the General Medical Council of Education and Registration, who have been called together at a most unusual and inconvenient season. The object of the meeting is the consideration of a letter received from the Lord President of the Privy Council with reference to amendments to the present Medical Act. In the course of

the letter, which has been published and is too lengthy for your columns, occur the following passages, and from them you will gather the general gist of his letter :

“The Lord President thinks it certain that no new legislation could have in it a fair prospect of permanence, or could even for the time be satisfactory to the profession and the public, unless it effected, or promised to effect, some very considerable improvement in the system by which candidates are at present admitted to legal qualifications to practise. The examinations for admission to the medical register are held by many mutually independent, and in great part competing corporations, and that each examining board has its own separate set of conditions for admitting candidates to examination, is the system which now exists under supervision by your Medical Council. \* \* \* \* The Lord President doubts whether the present system, under any practical kind of supervision, can either work satisfactorily for medical education or can provide adequate and uniform security for those great public interests which are concerned in the efficiency of the medical profession.”

The Council met yesterday, and after the reading of the letter adjourned till to-day, when the discussion will be opened. The attendance of members at the opening yesterday was large, and it is anticipated that to-day all will be present save Dr. Christison, of Edinburgh, who, owing to illness, will not be able to take part in the deliberations. This is to be regretted, for his well-balanced mind and ripe experience would have been of much value to the Council. There can be no question, I believe, that this attempt on behalf of the Government to initiate a Central Board of Examiners will be stoutly opposed by the University representatives in the Council, the Scotch members being especially loud, I am told, in their denunciation of such a scheme. I know not exactly how the general profession would view such a measure, but there can be no question as to their dissatisfaction with the present Council, in which, they state, the general profession is almost devoid of representation. Whatever results may flow from this letter, one thing is quite certain, we will not, in any general examining board which may be formed, enter into any such “unholy combination” as exists in your College of Physicians and Surgeons of Ontario, an act, by the way, which has met with the most unqualified condemnation on this side the Atlantic.

Sir James Y. Simpson, Bart., Professor of Midwifery in the University of Edinburgh, has published the details of a case of death while the patient was under the influence of chloroform. The case is peculiarly interesting from the fact that Dr. Simpson was himself the administrator of the anæsthetic, and, if I am not mistaken, this is the first death which



has occurred in his hands. The patient was young and delicate, and was being operated upon for ovarian disease. The anæsthetic was given by placing a towel on the nose, and dropping the chloroform slowly upon it. The operator had his hand in the pelvis, attempting to turn out the ovarian mass, when the patient vomited suddenly and profusely. The pupils became at once largely dilated, and almost immediately the breathing was arrested. Artificial respiration was at once had recourse to, but without success. A post mortem examination revealed no diseased condition of the head or chest. Dr. Simpson follows the details of this case with brief notes of a number of cases where death occurred during the operation before the discovery of chloroform, the death in all these being due to shock. The learned Baronet evidently intends it to be understood as his conviction, that most, if not all the deaths that have occurred when the patient was under the influence of the anæsthetic, are not due to it, so much as to shock, and would have taken place whether it had been administered or not. He states that there is manufactured in Edinburgh annually two million doses of chloroform, and adds, "Is there any other common or patent drug which could be given in full doses in two millions of instances per annum, with greater impunity. One of the cases of death from simple shock, is of sufficient historical extent, so to speak, as to justify my specially alluding to it. Dr. Simpson had just made his discovery of chloroform, and was waiting for a surgical patient to turn up upon whom to test its qualities, when a case of strangulated Hernia was brought into the Edinburgh Royal Infirmary under the care of Professor Miller. It was decided to operate and also to try the newly discovered anæsthetic chloroform; but Prof. Simpson could not be found, and the operation proceeded without its administration. Prof. Miller had only divided the skin, when the patient fainted, and at once expired. Dr. Simpson adds, "If chloroform had happened to be administered, the whole career of the new anæsthetic would have been at once arrested.

The attempt to amalgamate the various London Societies into one, under some such title as "Academy of Medicine," seems as far off as ever. The difficulty now is as to dividing the Society into a Medical and Surgical section. Perhaps in time for next winter's work, the views of all may be harmonized.

An action for libel, which has attracted a great deal of attention among the public as well as among medical men, has just been terminated by an ample apology from the defendants. The plaintiff was the well known author of the Principles of Medicine, Dr. C. J. Williams, and the defendants the Duke and Duchess of Somerset. Dr. Williams was called upon

to attend Earl St. Maur, the son and heir of the Duke of Somerset in August last, and believed he was then suffering from bronchial congestion. Subsequently he looked upon it as more serious, believing that there was pressure on the larynx. Early on the morning of the 30th of September last, Dr. Williams was called to the Earl, whom he found threatened with suffocation. After trying ether and chloroform, Dr. Williams stated, the only hope of relief was in tracheotomy, and a surgeon was accordingly sent for and the operation performed, but the Earl rapidly became unconscious and expired. A *post mortem* examination was suggested by Dr. Williams and refused. Shortly afterwards, the Duchess circulated a pamphlet among her friends, entitled "True account and real cause of Earl St. Maur's sudden death, &c., &c." In this she accused Dr. Williams of ignorance and want of skill, and called him "a hypocritical murderer." One passage was as follows: "The real cause of Earl St. Maur's death was Dr. William's reckless investigation to confute a rival and gratify his selfish professional vanity, for which he sacrificed the life of a man, and procured a sudden and torturing death. Is there no redress for this species of murder, &c., &c." Under the circumstances Dr. Williams would have been unworthy of the position he occupied in the Profession, had he allowed such a slander to pass unheeded. Accordingly, after an apology had been demanded and refused, he put the matter in the hands of his attorney, who at once instituted an action for libel against the Duke and Duchess. The case came up for trial a few days ago, when Dr. Williams' attorney again stated that even at the eleventh hour they were willing to accept an apology. The Duke's counsel at once offered the amplest retraction and apology. A verdict for five guineas, which covers costs, was returned. Dr. Williams is daily receiving the congratulations of his friends

Canadian graduates continue numerous in London. I frequently meet them at the operating theatres of the hospitals. Dr. W. N. Keefer, who, I believe, graduated at McGill College, Montreal, in 1869, has successfully passed the examination for the Indian Medical service, and has received his appointment in the Madras Presidency. Dr. A. H. Hughes, of Toronto, has been appointed to the Bombay Presidency. May good fortune attend these Canadians. It is not at all likely there will be any more examinations for some time for the Army Medical Service. The cheese-paring policy of the present administration has rendered it quite unlikely that any vacancy will occur for at least a year.

Scarlatina continues very prevalent, not only in the metropolis but throughout the large towns of Scotland and Ireland. It is said, however, to be on the decrease.

## REVIEWS AND NOTICES OF BOOKS.

*The Structural Lesions of the Skin, their Pathology and Treatment, illustrated.* By HOWARD F. DAMON, A.M., M.D., Fellow of the Massachusetts Medical Society &c., &c., &c. Philadelphia: J. P. Lippincott & Co.; Montreal, Dawson Bros.

The first thing which will strike the reader of this volume is the really magnificent manner in which it has been issued by the well known publishing house whose imprint it bears. Nothing equal to it has, in our experience, ever been sent forth from the Medical press of this country or of Europe. The paper is thick and cream colored, and more like that used upon which to produce some holiday poem, and the letter press is unexceptionable. The engravings are first class, and that is more than can be said of the majority of illustrations found in Medical works. Of the contents we need only say that Dr. Damon has written a very excellent volume upon the structural lesions of the skin, one which every one will read with pleasure and profit. In describing the pathology of the various diseases, our author has made free use of his microscope for the purpose of verifying his conclusions. This, we need hardly say, gives additional value to his conclusions. A very excellent illustration of a cutaneous horn is given from a case furnished Dr. Damon by Dr. Durkee. This form of hypertrophy is one of the most formidable and is fortunately seldom met with. We especially commend this volume to such of our readers who have a *penchant* for the *minute* study, so to speak, of skin diseases.

## MEDICAL NEWS.

## AMERICAN MEDICAL ASSOCIATION.

The Twenty-first Annual Session will be held in Washington, D.C., May 3, 1870, at 11 A.M. The following Committees are expected to report:—On the Cultivation of Cinchona Tree., Dr. Lemuel J. Deal, Pennsylvania, Chairman; on the Cryptogamic Origin of Disease with special reference to recent microscopic investigations on that subject, Dr. Edward Curtis, U. S. A., Chairman, on the Doctrine of Force, Physical and Vital, Dr. John Waters, Missouri, Chairman; on Variola, Dr. Joseph Jones, Louisiana, Chairman; on the Relative Advantages of Syme's and Pirogoff's mode of Amputating at the Ankle, Dr. G. A. Otis, U. S. A., Chairman; on a National Medical School, Dr. F. G. Smith, Pennsylvania, Chairman; on Commissioners to aid in Trials involving Scientific Testimony, Dr. John Ordronaux, N.Y.,

Chairman; on the Climatology and Epidemics of Maine, Dr. J. C. Weston; New Hampshire, Dr. P. A. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. H. I. Bowditch; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. E. K. Hunt; New York, Dr. W. F. Thoms; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harriss; Missouri, Dr. George Engleman; Alabama, Dr. R. F. Michel; Texas, Dr. T. J. Heard; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. C. Hughes; Michigan, Dr. Abm. Sager; Ohio, Dr. T. L. Neal; California, Dr. F. W. Hatch; Tennessee, Dr. B. W. Avent; West Virginia, Dr. E. A. Hildreth; Minnesota, Dr. Samuel Willey; Virginia, Dr. W. O. Owen; Delaware, Dr. L. B. Bush; Arkansas, Dr. G. W. Lawrence; Mississippi, Dr. W. Compton; Louisiana, Dr. L. T. Pimm; Wisconsin, Dr. J. K. Bartlett; Kentucky, Dr. J. D. Jackson. On Veterinary Colleges, Dr. Thomas Antisell, D. C., Chairman, on Medical Ethics, Dr. Lewis A. Sayre, N. Y., Chairman; on American Medical Necrology, Dr. C. C. Cox, Maryland, Chairman; to Memorialize State Medical Societies, Dr. N. S. Davis, Illinois, Chairman; on Nomenclature of Diseases, Dr. F. G. Smith, Pennsylvania, Chairman; on Medical Education, Dr. T. G. Richardson, Louisiana, Chairman; on Medical Literature, Dr. J. J. Woodward, U. S. A., Chairman; on Prize Essays, Dr. Grafton Tyler, D. C., Chairman.

*Voluntary* communications will be presented by Dr. John Curwen, Pennsylvania, on the Proper Treatment of the Insane; Dr. Nathan Allen, Massachusetts; on the Physiological Laws of Human Increase.

Secretaries of all Medical organizations are requested to forward lists of their Delegates, as soon as elected, to the Permanent Secretary.

Any respectable physician who may desire to attend, but cannot do so as a delegate, may be made a *member by invitation*, upon the recommendation of the Committee of Arrangements.

W. B. ATKINSON, SECRETARY.

1400 Pine-street, S. W., Corner Broad, Philadelphia.

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#### A LIBEL CASE

In which a medical man obtains damages from the proprietors of a newspaper.  
Tried at Toronto, January 12, 1870.

**BURNS v. WHITE and JOHNSON.** This was an action for libel, by a doctor against the proprietors of the *Durham Chronicle*, arising out of various articles published in that paper, their publication commencing on July 15, 1869, with the recital, "A Sad Case," together with comments on

the treatment of a patient, Mrs. Flowers, by the plaintiff, Dr. Burns, then residing in Priceville. Other leaders followed, and also letters from professional gentlemen. The result was that an apology was demanded by Dr. Burns' solicitors, which was refused, and the present action commenced. Mr. Harrison, Q.C., for plaintiff, and Hon. Mr. Cameron, Q.C., and Dr. McMichael, Q.C., for defendant.

Mr. Harrison, having opened the case, called

Hugh McMillan, who deposed that he was a subscriber to the *Durham Chronicle*; he had read the article headed "A Sad Case."

Mr. Harrison was about to ask what the effect of this article was upon the witness, when

Mr. Cameron objected, and asked if the above was all the evidence to be given to prove publication.

Mr. Harrison said it was not.

Witness stood down, and Mr. Barrett, plaintiff's attorney, was called, and deposed that he received the papers, and knew that the defendants were the proprietors; he had done business with them; he expected that the circulation was over 1,000; Dr. Burns was then residing at Priceville, about 10 miles from Durham, and had been in practice about a year; the article was much spoken of, and the general impression was that the doctor had been guilty of malpractice; there was a public meeting held on the subject after the reiteration of the libel in the second article.

By Hon. Mr. Cameron. Dr. Burns left Priceville for Listowel in the County of Perth, before the article appeared; the latter was about 40 miles distance; he supposed that the paper was not circulated in the County of Perth; he believed that Dr. Burns had an excellent practice; did not know of any person in the County of Perth that had refused to employ the doctor in consequence of that article; he believed that the article stated the facts, but he did not know them of his own personal knowledge; Dr. Burns said to him that the object of the medicine was to quiet the woman, but that it possibly might bring on delirium; he thought that the article was right when it stated that she was "a raving maniac."

Mr. McMillan was again examined; he thought that the articles were very injurious to the doctor, because it charged him with giving wrong medicine; the article was looked upon generally as it was by himself; he thought the doctor had a good practice before.

In cross examination, Mr. Flowers, the husband of deceased, told him that he thought it was improper medicine.

Dr. Burns, the plaintiff, was next examined. He got his diploma from the University of Toronto in 1866, and his teaching included midwifery; he first practised in Nisestead, and removed to Priceville in the winter of

1869 ; he attended Mrs. Flowers the day before Good Friday, about seven or eight days after her delivery ; she was then in a restless and nervous condition ; he prescribed for her ; he gave her a powder composed of sulphate of morphine, combined with ippecacuanha and nitrate of potash ; there were three powders made ; the proportion was about a  $\frac{1}{4}$  grain of morphia,  $1\frac{1}{2}$  grains of ippecacuanha, and 6 grains of nitrate of potash ; he gave one, and left directions that the others should be taken at intervals of four hours ; they were given to produce quiet and rest ; the above was a common prescription, and he had frequently given it ; the effect of it was slightly to stimulate at first, and afterwards to quiet ; it was not calculated by any means to produce madness ; he cautioned the husband not to be alarmed if she became giddy ; he called to see her again on the morning of Good Friday, and he found her in a state of mania ; she was in a state which might be styled puerperal mania, having violent delirium, high and rapid pulse, and being apparently insensible to all questions asked her ; her skin was dry and hot, and in a feverish condition ; after his second visit he advised a consultation ; these effects were not the result of his medicine, and the patient was naturally very weak, having been lately confined ; Dr. Porter was called in, and until he came witness continued to give her opium ; Dr. Porter approved of the treatment and advised its continuance ; she became somewhat quieter before they left ; he saw her on Saturday, and the raving had then ceased, and her condition was then much improved ; he told Mr. Flowers to call on him the following day, whether she was better or worse, as she might have a relapse : instead of sending or calling on Sunday, he believed Dr. Gunn was called in ; a message was left for him to see her at a neighbour's after she had been under the care of Dr. Gunn a fortnight, but he did not go and see her as it was contrary to professional etiquette for him to do so ; he saw the paper containing the first article in the same week that it was published, it was sent to him by a friend ; he was then living in Listowel, the reason of his removal being that the latter place was larger ; the article had been injurious to him in Listowel by keeping patients from him ; it had been very much talked of by the people at Listowel ; he understood that the article made a charge of malpractice against him ; this was the charge the people made who read the paper ; his practice was better before this was published than it has been since ; there was no other reason to account for the change.

By Hon. Mr. Cameron : The effect had been to injure him in getting new patients ; his prescription was prepared from his bottles ; he had several other articles in his chest ; he found her very wild and violent ; he had only known of one case of puerperal mania, when he was a

student; he did not change the treatment at all; he did not know the defendants.

Re-examined.—He did not know the author of the article; he knew that one of the doctors in Listowelle had used the article to his detriment.

Dr. Workman was next called:—Was Superintendent of the Lunatic Asylum; he had been in the profession since 1825; he knew Annie Flowers, the woman referred to; she was now insane; he had heard the prescription given by Dr. Burns, and thought it would not produce insanity; it was ridiculous to suppose that such would have the effect, that being the medicine and the quantity; there might be a temporary delirium resulting from it, which would pass off, and would not produce permanent insanity; the dose if it erred at all was too small; if taken by a sane person it would have a quieting effect, but the idiosyncracies sometimes altered the effect of medicine; and if the woman had been insane during the process of incubation, the dose was too small; this insanity was seldom discovered except it was developed by sudden action or otherwise; she came under his charge on the 17th September last, and still remained under his care; he had, therefore, opportunity of examining her, and his opinion was that her insanity was partly to be accounted for by the fact that she had had eight children, and was only 32 years of age; he thought it might be hereditary.

Hon. Mr. Cameron said he should prove that this was not the case.

Witness asked how he would do it.

Hon. Mr. Cameron understood that witness was of opinion that every one was more or less insane.

Witness:—"Did I think so!"

Hon. Mr. Cameron:—"I think that you have given that as your opinion.

Witness:—"You confound me, I think, with a more eminent man—Lord Brougham.

Mr. Harrison:—"We should have soon to increase our Asylum if that were the case. (Laughter.)

Hon. Mr. Cameron:—"Of course he does not think that we are so bad as that.

Witness's examination continued:—He was hopeful of her recovery; her *mens sana* would improve with her *corpore sano*; the account in the paper was incorrect.

Puerperal mania put a woman in a raving and excited condition, and in that case the proper remedy was to send her to the Asylum; he did not think that medicine was of much use; puerperal mania was not common; he had cases before he went to the Asylum, and had seen many cases since.

Dr. Oldwright also gave some testimony with regard to the medical bearing of the doses administered; he said morphia in small doses might produce delirium, which would pass off, but would not cause insanity; if there were no appearances of insanity, the dose was proper.

Dr. Kennedy, who was for 6½ years clinical assistant in the Lunatic Asylum, and had been practising for himself 4 years, was also called, and gave similar evidence to the previous witness.

Cross-examined:—If the woman became excited after the taking of medicine, the medicine would partly cause it, but it would not therefore wholly account for it.

This closed the case for the plaintiff.

Hon. Mr. Cameron then called the husband of the woman referred to.

Mr. Flowers deposed that he was the husband of the woman now lying in an insane condition; she was confined on the 19th of March, and Dr. Burns came the 25th of the same month; she had had seven children previously, and had only a midwife with the exception of the first child; had not seen anything the matter with her previously; had been married 15 years; he sent for Dr. Burns, and when he came he examined her; she did not appear nervous and excited; after the examination he prescribed the three powders, and left instructions as to the manner in which they were to be administered; the time of the Doctor's calling was about mid-day; the Doctor told him if his wife became delirious while taking these powders, that he was not to become alarmed; he could see no change in her; after the second dose there was a great change, her eyes looking wild and glaring; she got worse till the time that the third dose was administered, and she was still getting worse; the Doctor was again sent for; he came, and seeing her condition, said he would give her a sleeping powder; he did not describe the first medicine as being given with that intention; additional advice was called in after the sleeping medicine had been given; Dr. Porter was sent for on the suggestion of Dr. Burns; he treated his wife for three days, and he changed him because he did not think that the result justified the remarks he had made to witness; his wife said her teeth were loose and her flesh quite numb.

Mr. Harrison said the woman was insane, and her statement could not therefore be received.

Examination resumed:—He spoke about the matter before the account was published in the paper; he had read the article in the paper, and it set forth substantially what he stated with the exception of the word "pills" in place of "powder," and "madness" in place of "light-headedness," or "delirium."

Examined by Mr. Harrison.—He did not say to any one that his wife's



madness was the result of improper treatment; he sent a letter to the paper, the letter was written for him by Mr. Jackson, M. P., who interested himself in the case; his wife was over eighteen when she was married; she was now past 33 and at the time of her last birth was about 32; she had six children living and two dead; Dr. Burns did not say that she would become "mad," but either "delirious" or "light-headed; witness sent for a doctor because she did not seem well; the confinement was got over so far as usual; she was assisted by a neighbour as at previous confinements.

Samuel Scott, examined by Hon. Mr. Cameron, deposed that he was brother in-law of the unfortunate woman; he saw the medicines prepared, and they were done by guess work; there were no means to weigh or measure them; he gave him instructions when to give the medicine.

Cross-examined.—He had never said to any one that the medicine had made her mad, but that was his own opinion; he did not know whether it was the result of the medicine or not, but he had said that it followed.

Dr. Oldright was re-examined, and said a chill might have indicated fever, or pus in the blood, or something wrong in lactation; it usually, however, indicated a febrile condition; excessive flooding sometimes produced a coldness with extreme weakness.

Hon. Mr. Cameron addressed the jury. He said his learned friend had over-rated the importance of a country newspaper like the *Durham Chronicle*. He had represented it in the light of a daily paper published in a city, and given it as much prominence as the *Globe*, *Leader* or *Telegraph*. Such, however, was not the fact. A country newspaper had a very limited circulation indeed. In the case of the *Chronicle*, however, there was no real ground for a libel suit. The article in question was headed "A Sad Case," and, after making a statement of facts, it wound up by expressing a belief that it was a case of quackery on the part of Dr. Burns. Now, the jury was aware of the necessity of defending the liberty of the Press. It was the interest of the people to preserve it unmuzzled. The article on which this suit was founded was either a malicious one, or simply an item of news which had occurred in the County. The jury had absolute control in a case of this kind. They were to deal not only with the facts, but also with the intent with which they were published. The jury would observe that the article in question was simply a statement of the facts as they occurred. There was an admission on the part of the doctor that the medicine which he prescribed would result in temporary madness. The result, however, was permanent insanity. In that case, would anyone imagine that the madness was caused by anything else than the medicine? It was for the jury to determine this question.

Was it the result of ignorance or a mistake? This was also a question for them to consider. Deaths had frequently resulted from accident; one had occurred in Paris only a short time ago, by which a child was killed. The doctor may have made a mistake, but when he administered the medicine, he was aware that it was very powerful and told those who attended the patient not to be alarmed if the patient should rave after taking it. Now the question to be decided was the question contained in the paper--was the insanity of the patient caused by medical quackery, or was it the result of the elements of lunacy lurking in her. It was true another doctor had expressed his opinion that the medicine had been properly administered, and was the kind which should have been used in the case. However, the fact remained that after taking it the patient became insane and had continued so ever since. The doctor said when he gave the medicine she was restless and excited, and he gave her a sedative. The evidence of the friends of the patient, however, contradicted the doctor's statement. The treatment may have been skilful, but there was not a doubt that the question of the *Chronicle* remained whether the insanity was caused by wrong treatment, or by the act of Providence. Dr. Burns had made a great mistake in bringing this case into court to re-establish his reputation. It had suffered before this article appeared, for he had found it difficult to obtain a living in Princeville. Not because the people did not get sick there, but because they were not able to pay large fees. The doctor had moved about from place to place within the years he had practiced, but his removals had not been caused by libels in country papers. The cause was more likely to be attributed to the fact that he had practiced in places where other doctors had been established before him, and he was unable to obtain a footing in the places he had tried. It would have been much better for him if he had gone to some place where he would meet no rival, than to try to establish a reputation by bringing in this suit. The question to be dealt with was whether this article had injured Dr. Burns or not. If the evidence had established as a fact that the article had been published with the intention of injuring him, then he certainly was entitled to damages. But, there was no such fact established. The article was simply an item of news very cleverly written, and presenting the case as it really stood. Doctors had some queer crotchets. One of them was that disease was inherited. If so, where did it originate, and was this a case of it? It had been asserted that every one was mad to a certain extent, and there was no doubt that in some respect each individual was; but most men would say that if a certain medicine were given, and it was stated that a certain result would follow, and if that result did follow, that it was from the medicine given. Yet it had

been asserted in this case that medicine could not produce insanity, and this in the face of well ascertained facts, for many instances had occurred in which poisons had produced insanity.

Mr. Harrison, Q. C., then addressed the jury on behalf of the plaintiff. If it was impossible for them to know the result of the medicine, as contended his learned friend, why did the paper come forward and state what it had done. The law inferred from actual wrong done that there was malice. If a wrongful act was established the law inferred the malice. He thought if the paper could not know what it stated, it should not have added any reflections at all. The question was of a most important character. The plaintiff did not appear to be a man likely to go about trying to make money out of a newspaper; for he was an honest man only seeking to maintain his professional reputation. The law said that for every wrong there was redress; and the question was whether great injury had not been done to this doctor by the circulation of this report; the press was responsible for what they said of their fellow men, and their liberty of criticism was within limits. The law gave a privilege to the press in the way of allowing them to apologise for a libel; but this not having been done, the defendants now stood in the same position as private individuals. The question was therefore for the jury as to whether there was a libel or not. The sting of the libel was that the madness was ascribed to the effect of the medicine given. The particulars of the case were then detailed, the learned counsel contending that the treatment was proved to be correct according to the medical evidence, and that the statement of the paper that the insanity was the result of the medicine was incorrect and libellous. His learned friend argued that it was not defamatory because of something with which it concluded; for after stating that the madness of the woman was caused by the improper medicine, it finished by saying that it was a question as to whether insanity was the result of an unknown disease or not yet remained to be decided. So that after "stabbing" the plaintiff all through the article, they simply tried to stop the bleeding by a saving clause at the end. With regard to the case being brought to this Court instead of being decided in the county of Grey, the local feeling there was divided over the matter, but in this Court the jury did not previously know the circumstances of the case, and were entirely unprejudiced in the matter.

He called upon the jury to do justice to his client, and if they did what they thought right, he would be satisfied. He would leave the question of damages to them. The action was not brought from any vindictive feeling, but simply to ask the jury to place the plaintiff in the

position he was entitled to, and to clear him from the stigma attached to his name by the article on which the charge of libel was founded.

His lordship then summed up with great judgment. He said the first question the jury had to decide was whether there was a libel or not. In many cases the defendant was enabled to prove the truth of his assertion, but if he wished to avail himself of this he must plead it. But in this case this plea had not been alleged. He simply said that he denied the issue of the publication, and left the truth of the libel as a question of fact. If it was a libel they must find it. The question of damage was a different thing. If the libel was true, there must still be a verdict against the defendant, for there was no question with regard to that before the Court. With regard to the heading of the article, "A Sad Case," he did not think it a heading inappropriate. If it had been "An Outrageous Case," or "Gross Professional Misconduct," it might have been held to be libellous. If the intention of the article was defamatory—and the jury had to follow their own conclusions as reasonable men—then they would find a verdict for the plaintiff; but if they thought that there did not appear in the article any evidence of such an intention, then they would find a contrary verdict. The immense number of newspapers published each year when compared with the small number of cases of libel, which were brought forward in their courts, showed the moderation with which the press was generally conducted, and the fair amount of liberty afforded them for their criticism. But if the article was of such a nature as to ruin the character of a professional man—and it was their duty to consider whether that would be the result of the publication in point—then that liberty was exceeded and a charge of libel was established. The influence exercised by newspapers was very large, and any charges made against a man in them were always calculated to do injury. In the present case, the plaintiff stated that the article had been used against him by one of his profession, and had the effect of decreasing his practice. An apology, if at once tendered, might have set him right, but that was refused, and now he sought damages as the only means whereby he could clear his reputation. They must consider the whole matter as reasonable men, and give a verdict according to their construction of the motive of the writer. The plaintiff was anxious to be set right before the public.

The jury then retired, and after two hours' consultation, returned a verdict for the plaintiff with \$100 damages.

# Canada Medical Journal.

MONTREAL, MARCH, 1870.

## HAMILTON (ONTARIO) MEDICAL AND SURGICAL SOCIETY.

The meetings of this Society are held on the first Wednesday of each month. At the last meeting, on the 2nd instant, the subject of acute rheumatism was introduced by Dr. MacKelcan. There was a fair attendance of members, and the newly elected President, Dr. J. W. Rosbrugh, occupied the chair.

After a few introductory remarks Dr. MacKelcan said: "As a general principle I have observed throughout life that medicines which in themselves are suited to the removal of disease, fail to produce their expected effects, when arterial excitement and the accompanying local inflammation run high, and that when such arterial excitement is reduced the drugs which before seemed inefficacious, at once begin to exercise their influence and speedily remove the morbid conditions. Many instances of this have occurred to me in the treatment of acute rheumatism; my chief reliance has, in the early stage, been placed in the wine of the seeds of colchicum, combined with some alkali, generally calcined magnesia: taking care also to keep the bowels freely and regularly moved by such aperients as the state of the alvine secretion indicated: alterative, if unhealthy, *saline* if normal." The use of colchicum should be discontinued when the acute stage of the disease is passing away, and the iodide of potassium substituted for it, combined with hyoscyamus. Opium is to be avoided, except in cases of extreme suffering. With this treatment Dr. MacKelcan seldom failed to produce convalescence in *fourteen* days. He then referred to the great benefit to be derived from blistering in the neighbourhood of the affected joints.

Dr. J. Ryall had never found it necessary to have recourse to blood-letting in acute rheumatism. Dr. MacKintosh agreed with Dr. MacKelcan as to the utility of bleeding in certain cases. He treated his cases almost invariably, for the last ten years, with half drachm doses of acet.

Potass every two hours. It was necessary to dilute it largely with water, and to allow the patient as much water as he could possibly drink. When the drug did not disagree with the stomach, and the treatment was faithfully adhered to, relief was always well marked in two days, and sometimes even in less time. As soon as the urine became alkaline the drug should be gradually discontinued, and followed up by potass iodid and bitter infusions. Dr. MacKintosh suggested that a more elegant prescription would be to give the alkali partly as bicarbonate, and to add to the solution a table spoonful of the best French wine vinegar, thus combining the advantages of an effervescing draft with the alkaline treatment.

Dr. Geo. MacKelcan, almost invariably trusted to alkalies, and was seldom disappointed.

Dr. C. O'Reilly stated that at the City Hospital the alkaline treatment had been very successful.

Dr. Strange bore testimony to the very extraordinary success of the acet Potass treatment under Dr. MacKintosh. It had not always answered, however, in private practice.

Dr. MacDonald said that it was a very remarkable thing that for many years back some preparation of potash had almost invariably formed a constituent in prescriptions for the treatment of acute rheumatism, and stated that for a long time he had used the nitrate of potash with variable success. We understood the Dr. to say that "flannels and six weeks" were after all as likely to be successful as anything else in the treatment of acute rheumatism, and animadverted in a few half ironical remarks on such disparity in treatment, leading to equally successful results which were calculated to weaken one's faith in all medicines.

Dr. Case seldom used colchicum as he found it produced distressing effects on the bowels. He trusted to alkalies.

Dr. Mullen also bore testimony to the almost miraculous effects of the acetate of potash treatment under Dr. MacKintosh at the City Hospital during his residence there, when his attention was first called to it. So great and speedy was the cure in some cases by this treatment that he then thought that it was really a *specific*: but his expectations had not been entirely realized in private practice.

The President then related his experience in the treatment of this disease, stating that his usual plan of treatment was the administration of a saline purge, generally sulphate of magnesia, combined with colchicum in the morning, and a sedative draugh of morphia at bed time. His success was about the same as that of Dr. MacKelcan.

In addition to the remarks previously made by him, Dr. MacKintosh stated that where there was any family history indicating the gouty diathesis it would be well to combine colchicum with the acetate of potash. In summing up Dr. MacKelcan stated that he believed that any disagreeable symptoms arising from the use of colchicum were owing to the root being often used instead of the seed : and concluded by making some very pertinent remarks on the practice indulged in by some physicians of disparaging the use of drugs in the treatment of disease.

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#### THE LIBEL CASE.

In another portion of this number of the *Journal* will be found a condensed report of a trial for libel. A physician having sued a country newspaper for the insertion of a paragraph damaging to his reputation. A careful perusal of the evidence renders it perfectly clear that an intelligent and conscientious jury could not have returned any other verdict, than the one they did render—viz., finding the libel proven and awarding damages. The amount awarded is not excessive, and is yet sufficient to show that the allegations made were groundless, and of a character seriously to injure the professional prospects of Dr. Burns. There is, however, one portion of the evidence of the brother-in-law of the defendant which is of sufficient importance as to merit a remark or two. This person affirms that the plaintiff, in making up the powders, did not weigh any of the articles, but merely guessed at them. It may, as a general rule, be permitted for a man who has had a large experience in dispensing, to make up the general run of medicines, without weighing every article ; but surely it is not asking too much to insist that every one should weigh Morphia, a drug so deadly in its properties, and where doses require to be so exactly correct. It was one of the constituents of the powders made up by Dr. Burns for Mrs. Flowers and we cannot but warn the profession against a practice so pernicious. In this case there is no question in our minds but that the correct dose was given ; but the practice is a bad one, and the sooner it is abandoned by every one the better. The case was one of Puerperal Mania ; and the administration of the Morphia, and the subsequent, almost immediate, appearance and continuance of the delirium were simply co-incidences.

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#### THE HEALTH OF MONTREAL.

Scarlatina, which has been so prevalent since early last fall, although of a mild type, is rapidly disappearing. Pertussis is exceedingly prevalent. We have treated it with small doses of the Fluid ext. of Belladonna, combined with the bromide of potassium, with considerable success.

## THE HAMILTON SUMMER SCHOOL.

Among our advertisements will be found the first announcement of the Hamilton Summer School, whose term commences the first week in April.

Such an institution is calculated to fill a want which has existed, and will, we hope, meet with the encouragement it deserves. There can be no question that the greater number of students, even the majority of those who are presumed to be in regular attendance in a Physician's office, pass the six months intervening between regular sessional lectures, in a manner not at all calculated to improve the amount of professional knowledge they have already acquired. We would, however, make a suggestion and it is this: The session opens too soon after the closing of the winter lecture classes, and in duration is too long altogether, lasting, according to the advertisement, six months or till the winter session open again. This is over-doing the matter. While we would advise diligence to the student, we cannot but admit that "all work and no play would make Jack a dull boy." Twelve months' attendance upon lectures is a little too much for human nature to endure. Three months or four at the most is quite long enough for a summer course.

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## CANADIAN GRADUATES AT HOME.

At a late meeting of the Board of Examiners of the Royal College of Surgeons of England, the following gentlemen obtained the College diploma: Dr. Wade of Cobourg and Widdefield, graduates of Victoria University, and Dr. Burdett of Belleville, M.B. of Trinity College. We congratulate these gentleman, especially Dr. Burdett, who, although enjoying a lucrative practice of many years standing, relinquished it for a time, to seek honours abroad.

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## ST. CATHERINES' MEDICAL ASSOCIATION.

The Profession in St. Catherines, Ontario, have taken a good step in the formation of a Medical Association, which is to hold monthly meetings for the discussion of medical matters. The following have been elected officers for the ensuing year: A. Jukes, M.B., President; T. Clark, M.D., Vice-President; J. Alexander, M.D., Secretary; Lucius Oille, M.D., Treasurer.

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At a meeting of the Gynæcological Society of Boston, held on the 18th January, Dr. Canniff, Toronto, was elected a corresponding member.



## OBITUARY.

Dr. Dugald Smith McKellar, of Strathroy, Ontario, died on the 28th January of inflammation of the lungs. He was born in Lochgilphead, Scotland, in 1824, and emigrated to Canada in 1837. For a short time he was engaged in mercantile business in Peterborough, but forsook it to engage in the study of medicine. He studied in the Edinburgh University, and subsequently graduated in medicine at Queen's College, Kingston, about 1851. During a period of ten years he was engaged in practicing in different places with indifferent success; but in 1862 he settled in Strathroy, where he continued to practice with much success until his death.

Dr. McKellar was not only successful as a practitioner but gained a position of political influence, and in 1867 had almost secured the nomination as Reform candidate for parliamentary honours. In all probability he would, at the next election, have gained the position for which he entertained laudable ambition. As a man "he was free, courteous, liberal, impulsive," and properly solicitous about his worldly affairs.

Pursuant to a circular issued by the Reeve of the township immediately after his death, a public meeting was held in the Town Hall, being largely attended. Resolutions of condolence with the bereaved family with strong expressions as to the worth of the deceased were passed. The St. Andrew's and St. George's Societies met and passed similar resolutions. The funeral obsequies were very imposing, the attendance being exceedingly large. A large number of the Medical Profession were present, and the members of the Corporation of St. Andrew's and St. George's Societies, and the teachers and pupils of the Grammar and Common schools were among the mourners; beside, friends and acquaintances who came from far as well as near. Immediately after the funeral a meeting of medical gentlemen was held, at which was adopted an address to be presented to the family of deceased. Subsequently a public meeting was convened at the Town Hall, when it was determined to erect a monument to the memory of the departed.

## TO CORRESPONDENTS.

The communication of Mr. W. Geo. Beers, in reply to Mr. Bowker's paper "on the use of amalgam in filling teeth" has been received, too late, however, for this number.

D. McINTOSH, Hamilton.—Your request has been attended to. We hope to publish your address entire in our next number.

Correspondents would confer a favour by writing their papers as legible as possible. Technical words, when not written plainly, puzzle the printer to decipher. Those on piece work do not relish delays from this cause.

We would again urge the forwarding of original communications early in the month. Please also write only on one side of the paper.

What has become of our friend Dr. Keator, of St. John, N.B.? We have been expecting to hear from him.