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A MONTHLY JOURNAL

OF

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Original Communications.

ABSTRACT OF A PAPER READ BEFORE THE MEDICO CHIRURGICAL SOCIETY OF MONTREAL ON MYOTOMY AND TENOTOMY IN CERTAIN JOINT-DISEASES AND THEIR SEQUELÆ.

BY W. H. HINGSTON M. D. M. R. C. S. ENG.

Joint-diseases, their etiology, history, pathology and treatment, and not less in their sequelæ, are among the most interesting to the practical surgeon. I shall not in this paper, more than is necessary, enter upon those vexed questions which divide surgical writers, nor shall I, from a partial experience, endeavour to deduce general principles for the guidance of others. But as much of what I shall say is based on a belief in the generally local or traumatic character of uncomplicated joint inflammations, I deem it necessary to make that statement at the outset. Were I to say more I should invite a discussion foreign to my purpose; and were I to say less, much of what follows would require constant explanation.

Myotomy or tenotomy was introduced to the profession by Stromeyer, of Kiel, in Schleswig-Holstein, for the relief of congenital deformities in otherwise healthy persons. Dieffenbach.

of Berlin, employed it not only in such cases, but also preparatory to attempts at removal by forcible extension and *brisement forcé of* deformity caused by disease He operated 200 times—two patients died from pyæmia and suppuration, and one required amputation. But how inadequate were the results may be gathered from the fact as mentioned from Bauer that while in some the limb was benefited to a moderate degree, in others anchylosis became re-established. Dieffenbach however, had accomplished *all* that could be done by any one without the aid of chloroform. Langenbeck, his able successor (by whom I had the advantage of receiving instruction in the winter of 1852 and 3) considered that in chloroform he had an agent powerful as tenotomy, and much superior, and often have I seen him attempting by *brisement force* alone what could have been much more easily, and much *more* safely, accomplished by that measure when preceded by subcutaneous division. Shortly after I began practice in 1853, I attempted, and with fair success, to restore the function of an elbow joint, anchylosed by disease, but the time and trouble to myself, and the suffering, and, as I believed at the time, the risk to my patient, were such as to induce me to avoid rather than to desire a renewal of them in similar cases. Two more cases, however, came under my notice, and while one did well, in the other the swelling, puffiness, heat and pain were of a character to compel me to desist from further attempts to place the limb in a better position—much less to restore motion. But the hip joint I had not meddled with, for I recollected how Langenbeck had discontinued both tenotomy and *brisement forcé* after a short and unsatisfactory trial. When (1865-6) Dr. Bauer, formerly of Brooklyn, N. Y., visited Montreal, I listened to his lectures with the deepest interest, and furnished him in my wards at the hospital frequent opportunities of illustrating them. I observed in his efforts a courage equalling Langenbeck's, with a result more satisfactory and less hazardous. Some of the views he then expressed were most original Dieffenbach, Guerin, Roux and others had preceded him in the practice of tenotomy as preliminary to all attempts at *brisement forcé*, but to Bauer is certainly due the merit of having first recommended subcutaneous division of muscles as an antispastic and antiphlogistic in certain inflammatory conditions of the joints

Within a little more than five years I have practised tenoto-

my in joint diseases frequently; as an antispastic and antiphlogistic in morbus coxæ, three times. In inflamed knee joints five times—in all eight times. As a preliminay to forcible restoration, by traction or *brisement force*, of the normal position of the joint at the knee eight times, and at the hip thirty-three times, in both forty-one times, or in all forty-nine times. * *

As an antispastic the operation gave invariably entire relief to pain and spasm. In the first case in which I divided the biceps for inflammation of the knee joint, no pain had been referred to the back of the knee—a small spot immediately below the patella was alone painful. The pain was of the most excruciating character. Yet, no anodyne, no anesthetic ever gave more immediate or more complete relief than that which followed division of the biceps. In the four other cases relief was most complete but not so marked, as the sufferings which led to the operation had not been so severe in character.

It might be supposed that in some cases, at least, tenotomy might have been dispensed with, and that extension alone, under chloroform, would have sufficed. These were tried in *two* cases, but the patient's sufferings were such that they were again put under chloroform and the tendons divided.

As an antispastic in hip joint inflammation the adductors were divided in every instance. Once the tensor vaginæ femoris, and once, I believe—but of this I am not certain—the gracilis. In these cases, as in those of the knee, relief was greatest where pain and spasm were most severe.

But in *all* relief was marked. In one case, that in which the division had been most extensive—very little pain was afterwards experienced in the course of the disease. After these operations, as well as after those of the knee, absolute rest was strictly enjoined.

In the knee, when tenotomy had been resorted to as a preliminary to *brisement force*, division of the biceps alone sufficed in five cases—in the remaining three all the hamstrings were divided. The tin splint and flannel bandages with soft tow cushions were then used.

In the hip joint cases the circumstances under which the operations were performed and the results were so various as to render it difficult to embrace under any general observations, the contents of the above table. In some cases I was disappointed

at the paucity of the result where I had expected much; and in others I obtained by steady perseverance results I had scarcely hoped to realize. The unfavourable results were no doubt due —first, to bony anchylosis; or, second, to strong osteophytes extending from one part of the acetabulum to another, or from the acetabulum to the femur; or, third, to the length of time that had elapsed since the inflammatory disease had disappeared, permitting contraction of *all* the soft tissues around the joint, including, perhaps the capsule itself. Sufficient, however, may be gathered from these details to warrant a recommendation of the operation in certain cases. Nor do I think, should the deformity which results from the third stage of Morbus Coxæ be permitted to continue to exist, without those measures being attempted.

Before operating it is difficult to say what tendons require division before the operation shall have been completed. Beginning with the long adductor, and, as I hoped, to finish with the adductor, I have been compelled to divide several additional tendons, which seemed to start, as it were, into contraction, so soon as the former had been divided. The force necessary, even after division, was sometimes very great; indeed it was difficult and embarrassing to decide what degree of force could be safely borne without running the risk of adding to the mischief already existing. Sometimes all resistance would quickly vanish, at other times I almost feared for the integrity of the limb. When osteophytes were strong and numerous they would sometimes give way with a loud snap, or succession of snaps, leaving bystanders to conjecture whether something more important than osteophytes had not been broken. The average duration of after treatment was ten months—in hospital somewhat longer, and in private much over that length of time.

In some cases the weight and pully were alone used. In others, and by far the larger number of cases, Bauer's extension instrument—*not* as more recently modified by him, and in others that instrument by day, and weights and pulleys by night. The weight was proportioned to the apparent strength of patients and the resistance to be overcome. Four or five pounds to a child of that age—ten, fifteen or more pounds to stronger persons, but in no case was extension permitted to give uneasiness. Children, especially, bear a certain weight with apparent comfort. The addition of a pound, half-pound, or even a few ounces throws

them into excitement. I have noticed the same to follow the subtraction of a small portion of an accustomed weight. Much depends on duly proportioning the weight to be borne. Too little is useless—too much is needlessly exhausting.

In every case chloroform has been given to the induction of complete anæsthesia, and required to be continued a couple of hours or more.

Admission of air has taken place occasionally, no bad consequences have resulted, except, in one or two instances, trifling suppuration, which delayed for a few days the subsequent treatment.

Although the operation has been performed, first, so as to prevent continuance of deformity in existing, and perhaps still active disease, or to relieve deformity left behind by disease, in no case has the patient's health seemed to suffer. On the contrary, in acute or sub-acute disease, relief has followed generally, and thin, emaciated, ill conditioned children have become plump and healthy looking.

Sometimes it has been thought advisable to give ferruginous medicines, and then the Syr. Ferri Iod. has been the favourite, in other, and by far the greater number of cases, no medicines whatever have been administered, and sometimes, too, the disease has gone on unrelieved to the fourth stage, with all its dire results.

Although, in many cases, the length of the affected limb has been nearly or entirely restored, there yet remained even in the more favourable cases—where tenotomy and forcible extension had been resorted to in long continued morbus coxæ in third stage—a certain degree of stiffness. Whether that condition ultimately disappears as patients grow older, I am not in a position to determine, nor can I say whether the affected limb will grow *pari passu* with the other. The case I exhibit to-night would seem to indicate that growth is not interfered with. * * * *

FRACTURE OF SKULL—HERNIA CEREBRI—RECOVERY

BY GEORGE A. TYE, M. D., THAMESVILLE.

On the 2nd Oct., 1870, I was called to see Ellen G., a little girl, at seven years, who, two hours previous to my arrival, had been kicked by a horse. The blow was received on the frontal bone above and posterior to the left eye. She was semi-conscious and suffering from shock. The wound was long and irregular, cutting through the eyebrow and extending upwards and backwards for about three inches. The frontal bone was plainly visible in the wound, and upon first examination no fracture was felt. When, however, the finger was pushed well back beneath the loosened scalp, a large, irregular opening in the bone was discovered. The edges were serrated and sharp, and in the bottom of the opening fragments of bone were felt imbedded in the cerebral substance. When the child coughed portions of the brain escaped.

Dr. Smith, of Ridgetown, was called in consultation. As soon as reaction was established, chloroform was administered and the fracture freely exposed. The opening measured more than two inches in length and ¾ wide. Five fragments of bone were removed, some of them being buried completely in the cerebral mass. The edges of the wound were now brought into apposition and retained with sutures aided by adhesive straps, and cold water dressing applied. The child suffered greatly from the shock of the operation—for a time it seemed that she would never rally. However, in 48 hours reaction began, with high fever, pulse 150, with signs of compression and vomiting The head was kept very cool, and the pulse controlled with drop doses of Tr. Veratrum Viride. Soon the wound began to discharge freely, and heal by granulation.

At the end of twelve days a bulging was observed, and and Hernia Cerebri suspected. Pressure was applied, but signs of compression compelled its removal. The tumor burst open the wound, rapidly increased, and the integument was uniting around its pedicle. I advised removal, and invited my friend Dr. T. Holmes of Chatham to aid me.

On Nov. 4 the child was placed under chloroform, the integument dissected back, the pedicle exposed and divided as deeply

as possible with the knife; two vessels bled freely and were controlled by torsion. This time no sutures were used, but the flaps were retained by numerous strips of adhesive plaster passing around the greater part of the head, and a compress was applied. In two weeks the tumor reappeared in spite of straps and compress It increased more rapidly than before, forming a globular mass two inches in diameter and overhanging the eye; it was covered with powdered Cupri Sulph, and a spontaneous cure hoped for, till it was very evident that hope was vain.

I sent for Dr Holmes, and on the 30th of Nov. the tumor was removed with the *Ecraseur*, the wire being placed as low as possible. The division was complete, dividing neatly without any hemorrhage, and the parts shrinking back so that the surface from which the tumor was removed was concave—the scalp was dissected back all round for an inch, the edges freshoned and brought well together, and retained by strong sutures of silver wire set far back The parts were then dried and oiled, and a mould taken of that part of the head in plaster of Paris. In this mould a cast was made by C. P. Lennox, surgeon dentist, Chatham, who then vulcanized a sheet of gutta percha upon this mould, forming a shield for the forehead, and fitting most accurately, thus making equable pressure over the opening. This shield was smeared on the inside with carbolized oil, and applied, and did well, till change of the parts prevented its fitting properly I now had recourse to a sheet of gutta percha $\frac{1}{8}$ of an inch thick This was placed in hot water till perfectly soft and then moulded to the parts, when cold it was perfectly rigid, and fitted exactly It was now covered with the oil and applied, being removed occasionally to cleanse the parts and see the condition of the wound Whenever the least want of adaptation was observed, the gutta percha was remoulded, and thus constant equable pressure was maintained.

No signs of compression appeared, and in a few days the child recovered from the shock of the operation, and all promised well The extreme pressure of the cerebral mass against the integument between it and the shield caused a portion of the skin to slough, making an opening the size of the end of the finger, and the brain substance was even with the surface of the skin. This spot was daily washed with Argent Nit, so as to destroy a portion of it, and this kept it below the level of the integument.

Granulations sprung from the margins and soon covered the open space. The large opening was now completely closed. The shield was retained for a few weeks, and the child now (August, 1871) enjoys perfect health both of body and mind.

HYDRATE OF CHLORAL IN DELIRIUM TREMENS.

By AUG. C. KINNEY, M.D.
HOUSE SURGEON CHARITY HOSPITAL, N. Y.

Having served recently at the Work-house on Blackwell's Island, where a considerable number of cases of delirium tremens are constantly being sent for treatment, I improved the opportunity thus presented of testing the comparative values of hydrate of chloral, bromide of potassium, and sulphate of morphia in this disease.

To be sure of the doses given, I weighed the salts carefully and prepared the solutions myself. Of the hydrate of chloral the strength of the solution was 60 grains to the ounce of water. I made it well diluted purposely, as a strong solution is excessively irritating.

The cases to be treated were divisible into two distinct classes. The first class comprised those who, having been used to considerable alcoholic stimulus either habitually or at times, were attacked with delirium tremens from a few days to a week after admission, on account of the withdrawal from use of their accustomed stimulus.

The second class of cases was to be found amongst those sent here to be treated especially for their delirium tremens. They were invoterate drunkards, and had been attacked with this complaint during or immediately after a long debauch. It is this class of cases in which it is most difficult to produce sleep and appetite, and in which dangerous complications are most apt to arise.

Bromide of potassium was given at first to many cases of both classes. Under the use of 60 grains given every two hours, the patients of the first class would become quiet, go to sleep,

take nourishment, and hallucinations would usually pass away within from 24 to 48 hours. Hydrate of chloral produced sleep much more quickly, for which a dose given every two hours of 30 grains was usually sufficient. My own impression, however, is that it dose not remove the nervousness as efficiently as the bromide.

In the second class of cases delay in producing sleep has even proved fatal. While trying to get the patient quiet and asleep under use of bromide or sulphate of morphine, he is attacked with pneumonia or anæmia and dies. With this second class of cases I have given as high as 120 grains of bromide every two hours for two days without producing sleep, and I believe it to be impossible to get them quiet by this means with a safe dose. Sulphate of morphia I have also given in very large doses by hypodermic injection, and though more efficient than the bromide it requires to be given in larger doses than are always safe.

Those of this second class of cases which I treated with hydrate of chloral, in sufficient doses to produce sleep at once, recovered in the shortest time. In obstinate cases a dose of 60 grains of hydrate of chloral was given, but other cases required 90 grains; in no case more. In less than two hours the patient usually went to sleep, and slept from four to five hours, and on awakening another dose of 60 grains was given with liquid food, milk or beef-tea. The patient would then go to sleep again, and on awakening the second time would probably be free from hallucinations and take food with a relish. During convalescence the bromide was frequently substituted for chloral, with good results. In many cases I gave the chloral after the ineffectual use of both bromide and morphine, with success, and in one instance succeeded with 90 grains of chloral in producing sleep, when I had given the bromide for 48 hours previously, in doses of 120 grains repeated every two hours. In no case have I observed any serious symptoms in consequence of the larger dose of chloral mentioned, but believe it should be given cautiously. Smaller doses often repeated do not have the effect of larger doses.

I believe that too much care cannot be taken in protecting the patient from irregularities of temperature. The sooner we get the patient to sleep and quiet the less liable he is to be attacked with complications. The blood and kidneys are already

in such a condition, that the slightest causes will produce pneumonia, uræmia, or other troubles. We should be constantly looking for them and guarding against them. The pneumonia accompanying delirium tremens is the more dangerous since it is most likely to attack two or more lobes, and is apt to be often overlooked by the physician on account of no accompanying cough.

Out of 40 cases treated by various methods as above stated 5 died. Post-mortems were made of 4 out of 5 deaths. Of these four, three had pneumonia (one with pachymeningitis and pneumonia) and one had uræmia (acute congestion of the kidneys and albuminuria), &c. Pneumonia was diagnosed in the case in which no post-mortem examination was made, so that four out of the five cases which died had pneumonia; out of the three cases in which pneumonia was found in post-mortem examination, in two cases the pneumonia was found to have involved two or more lobes. In two cases also out of three, fibrinous clots of the heart were found.

[We most unhesitatingly bear our testimony to the use of chloral hydrate in delirium tremens, and can confidently recommend its use in such cases. The dose we are in the habit of administering is 30 grains in a wine glass of sweetened water every hour until sleep is induced.]—Ed.

REMITTENT FEVER BY DR. CHRISTOE,

Flesherton, Ont.

So many eminent authorities, with their searching enquiries, have placed the generally adopted theory of miasmatic poisoning beyond cavil. The object of this paper is not to change that decision, neither is it to attempt any new discovery, chemical or analytical. Whatever this subtle poison be, it still challenges investigation, notwithstanding the augmented facilities with microscopy conjoined, to unravel such knotty questions.

My intention is to notice the fever as found in this section of country. This Northern Peninsula, as the term implies, is surrounded, excepting its base, by the great waters of Huron and Manitou or Georgian Bay. The table land is situated about 2000 feet above their level, that is at its highest elevation, but

slopes off very gradually and beautifully, especially on the north easterly side, to the Bay. The general features of many of the townships are swampy, so much so that it is said fully one-half of several are worthless; it seems to me certainly, that swamps predominate. The climate is very uncertain, alternating with excessive heat, cold, and frosts during every month of the year.

My first impression was, that ague was a prominent disease, from the fact of so many swamps, entailing, as they do, much decaying vegetable matter, but in this I was much mistaken, for I have never seen or heard of a pure case of Intermittent, except an imported one.

On my first *debut* here, I interrogated a brother medico, on the subject of fevers, and was very much surprised to hear him say there was no fever at all in the county of Grey. I soon found, however, that his tongue ran much faster than his wit, or else that his professional observations were extremely limited—for more than one case soon presented itself, and my diagnosis was Bilious Remittent, pure and simple, and my observations led me to the following conclusions:—

Firstly, That although Intermittents may not be found on these high table lands, they are not exempt from malaria of sufficient power to cause distinct remissions, and without much effort to seal the type of fever as Bilious Remittent.

Secondly, That the general partial clearance of arable land surrounding the swamps, prevents the dissemination of the Malaria, in sufficient quantities to produce its more distinctive effects.

Thirdly, That this is proven by a comparison of former years, for in the same ratio as the improvements take place, so is the increase of remittents. I am aware in this I have found no new theory, for the teachings of my Alma Mater embraced similar principles. Tracts of aquatic districts, exposed to the rays of the sun, after subsidence of the water, are certain in their supply, and from observations in the British army, juts of lands or forests of trees intervening were sufficient barriers frequently to the spread of the poison. I am not surprised, therefore, that the present state of things exists here, but the time may come when every obstacle is removed and the full power of those active agents without barriers, may produce the malaria in its most concentrated form.

Fourthly, I think the poison may be produced by a more

localized cause; every one knows that the malaria of Typhus Fever may be induced within the surroundings of individual habitations. So I think a fever of the type I am discussing may likewise be produced by circumstances very frequently overlooked. A family in my district was seized with Remittent Fever, one or two of them taking on the Typhoid form, their habitation was removed from any supposed cause for malaria, they lived high and dry, had lived in the same locality for a number of years, enjoying the best of health. A search was instituted for the cause, and I was fortunate enough to find a solution within the house. For an indefinite period sundry vegetable offal and dirty water had found their way through a disjointed floor. Whenever I entered the room, an offensive effluvia met me, and I am conscious that that muddy emporium was the active agent in this attack. Another family was equally removed from any appreciable cause, but was similarly attacked; as usual the cause was sought for; the family cleanly, and the surroundings equally so, it was more than usually wrapped in mystery. But in approaching the residence, I found my olfactories came in contact with some offensive smell; I called the attention of the father to it, who likewise discovered it, and who said it might be an animal the dogs had buried, but search satisfied our curiosity. In a rotten stump of a tree was found a peculiar kind of fungus, soft, gelatinous and tongue-shaped, and throwing out such an offensive odour as fairly to eclipse any reasonable object for comparison. Others were likewise found. Here was a solution of the mystery. The air tainted with such offensive material, the system being no doubt favorable to its inception, generated the fever in question

Fifthly, The type of the fever is usually mild, a sporadic case occasionally takes on typhoid symptoms, but among perhaps two hundred cases, I have found them easily managed, and I think with moderate care, no patient need die of a Bilious Remittent in the county of Grey, excluding, of course, all other serious complications. I have never found it necessary for any heroic measures, such as bleeding, leeching, or emetics.

My usual mode of treatment, and in my hands quite successful, is to purge the bowels with pills comprised of the following: Podophyllin, Leptandrin, and Ext. Taraxicum. Two every six hours until the bowels are freely evacuated, ordering a pill to be taken every second or third night afterwards.

I also order a Quinine mixture, something like the following:

R—Quinia Sulph., grs. xxxvi.
Acid Nit. dil., drs. ij.
Tinct. Aurantii, .
Syr. do., aa. ℥ j
Potass Chlor., dr. j.
Aqua ad. ℥ vi.—Ft. Mist.

Sig.—A tablespoonful every four hours.

This is given irrespective of the fever, providing the stomach will tolerate it. In addition I order tepid baths to alleviate the fever. Cold to the head if delirious, or even if very hot, and acid drinks of any available quality, preferring the muriatic.

When convalescence becomes established, one of the mineral acids such as the nitric, and tincture of Cinchona are all that is needed.

Sometimes, however, I find the following to answer every purpose to establish convalescence:

R—Quinoidine. gr. j.
Potass. Chlor., grs. v.
Podophyllin, gr. ⅛.
Hyd. Cum. Creta, grs. iij.
Soda Bicarb., grs. v.—Ft. Pulv.

Sig.—One every four or six hours.

In children, especially where vomiting exists, the stomach reluctantly tolerates bark or any preparation of it, and I seldom attempt it until that organ is quieted, and with that object in view, I generally prescribe the following. Hyd. Cum. Creta, Potass. Chlor. and Soda Bicarb.

This is generally tolerated after one or two trials. And then the following mixture usually acts like a charm:

R—Tinct. Cinchon. Co., ℥ ss.
Potass. Chlor., dr. j.
Aqua ad., ℥ iij.—Ft. Mist.

Sig.—One teaspoonful every four hours. The little patient soon begins to revive, although no food has passed its lips for several days, and fever has returned with increased force every day The temperature can always be successfully combated with tepid sponging. I allow, in all cases, water *ad libitum.*

I will take the liberty of mentioning what has always appeared to me to be an incongruity, and very puzzling to young

practitioners. The Typhoid Fever of infants is usually classed with Intermittents, and termed *Infantile Remittent.* The question very naturally arises then, is there no fever in the child produced by the same kind of poison that marks its distinctive paludal remittent character in the adult? I certainly think there is, for very many children have precisely the same characteristic symptoms of the remittent as the adult, and upon a close examination, I have never been enabled to discover the rash of the Typhoid class. And, moreover, the remedies, in proportionate doses, produce like results in the child as in the adult.

Whatever the modifying influences of those poisons in Britain and the continent or in large cities may be, in this section of country, at least, the student and practitioner should not receive these terms as synonyms, for experience is against it. There is, therefore, an *Infantile Remittent Fever, without the* pathognomonic rash of the Typhoid class, and which fever yields to antiperiodic remedies, as in adult cases. It seems unreasonable to suppose that in a family ill with typhoid fever, the fever of the infant part of it is to receive another name, indicative of another and distant classification—dependent in its turn upon a poison whose distinct phenomenon is periodicity, and the force of whose action is upon a different set of organs—to that of Typhoid fever. A satisfactory explanation, however, on this point would be read with pleasure.

Like all other diseases, Remittent Fever occurring in different persons, requires in its management, discretion. He who adopts a certain unalterable routine in his treatment will find it more than his match to apply it in all cases, and although I believe Quinine to be the *sheet anchor*, yet the organs, like mutineers, have to be coaxed and if needs be coerced before toleration is had, and the discreet practitioner will not fail to accomplish it by the most rational means at his command, seizing every opportune moment for its introduction and I am sure success will generally crown his efforts.

August 10, 1871.

A CASE OF FOREIGN BODY IN THE ORBIT, WITH REMARKS BY R. A. REEVE, B.A., M.D.

LECTURER ON OPHTHALMIC AND AURAL SURGERY, TORONTO SCHOOL OF MEDICINE, ACTING SURGEON, TORONTO EYE AND EAR INFIRMARY.

History*. Mr. M. a vigorous young man, employed in a saw mill, applied for treatment, May 31st, 1869, with the following history Five weeks previously (April 26) when at work, a piece of edging shot up like an arrow from the circular saw, a few feet distant, and cut his right eye. The blow did not render him unconscious or knock him down, but it disabled him. There was sawdust on the wound, which was in the upper eyelid, but no sign externally of the presence of a splinter in the socket. The patient experienced severe pain in the part, and applied cold water to it for several days. The lids did not become discolored, and were only moderately swollen. Five days after the accident he consulted a physician, who said there was no wood in the socket, and gave him a liniment. A fortnight after the injury he resumed his work, and in two days had to discontinue it; and the pain continuing severe and unabated, he consulted a second medical man, who removed some sawdust from the wound, said there was no more in the eye, and gave him eye-drops. The pain still persisting, he saw the doctor again, when he lanced the lining membrane of the eyelids, which was red and swollen, and ordered a blister to the temple. This partially relieved the pain, but he was unable to return to the mill for nearly a fortnight. On May 29, having worked only two days, he was forced to desist by a pain in the brow and an extreme headache, which on the day prior to his visiting the city became so intense as to render him faint. He said that the wound had been probed twice, and that it discharged but little at any time, though it did not heal up as readily as would an ordinary cut. His sight was impaired during the first fortnight, and when he looked to the right he saw double, and had a pricking pain in the eye.

An examination revealed partial ptosis of the right lid, which was rather prominent, and presented in its outer half, midway

* This article is an abridgement of a paper read before the Medical Section of the Canadian Institute. Session 1870-71

between the tarsal border and the brow, a horizontal linear cicatrix about half an inch in length, its centre being soft, raised, and of a pale flesh colour. The subjacent tissues were dense and hard to the touch, and pressure upon it caused a stabbing pain within. The eyeball had a normal appearance, but upon everting the upper lid a small circumscribed chemosis was noticed in the outer part of the upper cul-de sac. The vision of the eye was good; its freedom of motion outwards was curtailed, eversion gave rise to diplopia and occasioned a pricking sensation in the outer part of the eye. The patient still complained of pain radiating from the roof and outer part of the orbit.

A probe was without difficulty passed through the centre of the cicatrix to the depth of about half an inch, when it impinged on an apparently solid body from which by means of a slender pair of forceps, a fine splinter of wood was removed, thus proving the presence in the orbit of a piece of the stick with which the patient had been injured. The further use of the probe showed that there were two fragments of wood, one pointing upwards and backwards and fixed in the roof of the orbit, the other, larger, passing backwards and outwards, its point entering the outer bony wall behind the lachrymal gland, the inner end being almost in contact with the eyeball.

Treatment, June 1st. A small incision was made in the cicatrix, and with some difficulty the first named piece was extracted. It was a little more than half an inch in length and of the calibre of a lucifer match. The larger piece was so firmly fixed as to resist all attempts at removal, that could be endured by the patient. Cold water dressings were applied to the lid, and the next day the pain at the roof of the orbit had subsided. Dr. Cassidy being kindly present the patient was anæsthetized, the wound enlarged, and the second piece of edging removed; only, however, after making powerful traction upon it, the patient's head being firmly held. This splinter was seven eighths of an inch long, three eighths by two eighths at one end, and pretty sharply pointed at the other where it pierced the orbital wall Water dressing was applied. The next day the distressing subjective symptoms so long complained of had disappeared, the lid was quite œdematous but the wound was healing kindly The patient contrary to advice returned home on the same day, and was not heard from for ten months. He had begun work the

day after his return, and had not felt any subsequent inconvenience from his injury. The cut soon healed, and the normal mobility of the lid gradually returned.

Remarks. Injury of the orbit or the presence in it of a foreign body is always a source of interest, and often of great anxiety to the surgeon, for grave results sometimes follow apparently trifling injuries of this region, while many seemingly mortal wounds ultimately proving comparatively harmless. As immediate effects the eye may be destroyed for visual purposes by direct violence to the ball or to the optic nerve, or the roof of the orbit may be penetrated or fractured, and the cranial cavity directly implicated. Secondary results more or less serious or fatal may supervene, as, orbital cellulitis, abscess, necrosis of the orbital walls, meningitis, cerebral abscess, or tetanic convulsions.

The protracted and localized pain, and the suspicious character of the cicatrix, apart from the use of the probe, &c, would in any case, as in the instance just given, materially assist in forming a correct diagnosis.

The immunity of the eyeball from injury is remarkable, and only to be accounted for on the supposition that the stick pursued an oblique course, and that the larger fragment took its position relative to the globe when breaking, after its point had become fixed in the bone. The tolerance with which the orbital tissues sometimes suffer the intrusion of foreign bodies is here pretty fairly shewn, for the incision said to have been made in the chemotic conjunctiva two weeks after the accident, seems to have been intended to relieve secondary œdema, rather than to give exit to a pointing abscess. The splinters were rather sharply pointed, and therefore, injured but a small surface of the periosteum at the points of impaction. They were not very deeply placed, and do not appear to have perforated the orbital walls though they were firmly nailed in it. These facts seem to explain the rapid subsidence of the subjective symptoms after the removal of the source of irritation. The case here presented may appear hardly worthy of record, but in a very similar one of Mr. Hulke's, as regards the size, character, and relative situation of the foreign body, death occurred in eleven days. The almost constant pain in the part injured, the floor of the anterior cerebral lobe and the severe attendant hemicrania leave little room to

doubt, that had the fragments remained much longer in the orbit, serious cranial mischief would 'ere long have been induced. The general rule of treatment in cases of this nature, is to remove the body through an incision in the conjunctival fold, dividing the external canthus, if necessary, to gain free access to the parts within; and, if possible, to avoid cutting through the lid lest disfigurement or ectropium, due to contraction during cicatrization, should result. The exceptional plan was adopted in this instance because there was already partial ptosis, and there had been a lesion of the lid with resulting scar.

An abstract of a few examples of this class of injuries may prove interesting in this connection. In the one already referred to, the patient, a woman aged 21, was admitted into the Middlesex Hospital under the charge of Mr. Hulke, having received a stroke from a clothe's prop eleven days previously. She was seized with tetanic convulsions on the same day and died at seven p. m. At the *post mortem* examination the dura mater, and the surface, interior, and base of the brain were found healthy. Between the outer wall of the orbit and the eyeball there was an abscess, which contained an irregular piece of wood about one inch long by one quarter wide, and several other smaller pieces. The periosteum of the outer wall, at the side of the abscess had sloughed, and the bone was in actual contact with the pus. Dr. R. Carter, of the Strand, London, reports a case in which Mr Clarke removed the entire shaft of a cast-iron hat-peg 3 and three-tenth's inches long and weighing 25 scruples, from the orbit of an old man, in which it had been buried at least ten days. The patient recovered without a single unfavorable symptom. The point of the hat-peg probably entered the antrum of the opposite side.

A remarkable case that occurred in the practice of Dr. Beaumont of this city, is reported by him in the "London Lancet" 1862, Vol. ii, page 142, Am. Repr. The patient was a man aged 45 years, in whose left orbit "a piece of rocket shaft 5½ inches long buried itself, taking a direction almost directly backward, nearly parallel with the mesial plane, and apparently immediately under the base of the skull." Dr. Beaumont succeeded in extracting the shaft the same evening. There was no symptom of cerebral lesion, and the patient did not even faint, although there was profuse hemorrhage lasting a few moments after the extrac-

tion of the foreign body. The patient was lost sight of for forty days when he was found "in good health, strong and perfectly well except the total loss of sight of the left eye and loss of sensation in part of the face. The motions of the eye and lid were perfect. Three years afterwards his memory was decidedly impaired.

The Dr. was persuaded that "the rocket shaft must have taken a course either immediately above or immediately below the base of the skull." Under either condition, he says "the patient's escape from death renders the case one of the most remarkable in the annals of surgery."

In contrast with the two preceding, numerous cases might be cited where seemingly trivial injuries of the orbit caused by sharp and slender bodies, as pipe-stems, straws, &c., have resulted seriously, and at times fatally. Meningitis, cerebral abscess, or tetanic convulsions being the ultimate cause of death.

PROLAPSUS UTERI.

BY C. W. PURDY, M. D. HASTINGS.

Procidentia Uteri is rather a rare occurence, particularly during the later months of gestation. Though well authenticated cases of it are on record one would be inclined to question the probability of gestation going on uninterruptedly to the full time. Dr. Gruhn, of Reppen, Eng, relates a very interesting one which presents many points of similarity to the following, which came under my care last week.

I was sent for on the 16th, to attend Mrs. P——, aet 30, who, her husband said he thought, was about to be confined. On my arrival, (at 6 p. m.,) I found that she had had quite hard and regular pains for four hours. The waters had been discharged 52 hours. On making an examination, I found to my astonishment, the uterus prolapsed completely, occupying a position between the thighs, and extending more than half-way to the knees. The os was dilated about the size of a fifty-cent piece, the occiput presenting. On handling the uterus, (which was not at all tender) I could plainly discover the head and chest of the child, external to the vulva.

On enquiring into the history of the case, I found that prolapse had begun about the third month, it being then, as she expressed it "about the size of her fist," since which time it had gradually increased till I

saw her, when it was about the size of a five pint bottle. She had, of course, experienced much difficulty in voiding the contents of the bladder and rectum at times, also in walking, and she found it almost impossible to sit down, yet strange to say, she never applied for advice or mentioned it even to her most intimate friends. The abdominal enlargement was scarcely apparent, and she said it had been the same through the whole term. She was now at full term, to a day, if Dr. Bedfords' method of calculating gestation be reliable. I may remark that I have found it remarkably correct. The pains were unusually severe, not bearing down; but sharp and grinding. She pointed out the os uteri as their particular seat. I have met some few cases of rigidity of the os, but none so obstinate and rebellious as this one *Old Matrix* seemed to have forgotten the requirements of nature in this instance altogether, perhaps from the novelty of the position. I fomented and oiled it for hours, and at length gave chloroform with no apparent result. I should have used belladonna locally, but had none with me, and as I was some distance in the country it was not easily obtained. In this instance, no doubt, many would be inclined to have recourse to incision. As she appeared exhausted somewhat from the severiety of the pains, I gave sufficient opium to break their force, and applied a large warm poultice of flax-seed over the neck and os uteri. This was 11 p. m. up to which time there was no hemorrhage. In about two hours I found the os was dilating sensibly, I continued the warm poultices, changing them every half hour till five in the morning. I then gave Fld. Ext. Ergot, m xx, as dilatation was nearly sufficient for expulsion. I repeated the ergot every twenty minutes, fearing hemorrhage on account of the opium I had given. The result justified my expectation. At 6 a. m., she was delivered of a dead, but well developed child. I should judge it had been dead about four or five days. There was no effort or bearing down at delivery, and as she had had two children before she thought this exceedingly strange. In delivering the placenta there was considerable hemorrhage which was arrested by the local application of cold.

I attended the same woman in her previous confinement twenty months ago. I was with her about five hours, she had an easy and in every respect natural labour. As it is only a week since the above case came under my care, I am unable to give you the after history. She is now doing well however, and it is my intention to attempt reduction of the prolapsed organ as early as advisable. If possible I shall keep it in its normal position, first by the T bandage, and afterwards by the stem pessary.

CASE OF MENSTRUATION IN A WOMAN AGED SIXTY-FOUR YEARS.

BY THOS. R. DUPUIS, M.D., F.R.C.P.S.K., ODESSA, ONT.

Aberrations of this kind occur occasionally, they differ from those cases of prolonged menstrual period, which are more frequent, and which most physicians meet with, and have on account of their rarity and peculiar nature a claim to a passing notice.

Even this summer I have attended a woman with menorrhagia, over 56 years of age, and from statistics we learn that perhaps one or two in a hundred may retain this function up to 50, 60, and even 70 years of age, the proportion growing less with the increase of years.

This lady however had ceased to menstruate between the ages of 45 and 50, and had no symptoms of any return of the catamenia, from that time till the period of the discharge here referred to, March 25th, 1871, she being then about 64 years of age. She is a ruddy, fleshy woman, with a tendency to vascular fullness, and has always enjoyed good health, excepting a slight attack of hemiplegia of a few months duration, that occurred to her about three years ago.

At the time of which I am now writing she had been visiting a neighbour, who was about dying from pulmonary consumption, and who died while she was present, rather more suddenly than had been looked for. This occurrence startled her somewhat, and after going home, she was the same day taken with her "turns" as she expressed it, "as naturally as she had ever been in her life." She menstruated for three or four days, and the discharge ceased as naturally as it began. Her husband came to me in considerable alarm, and I, supposing it to be from fright, assured him there was no danger. Since then I have investigated the case more fully, and have found no trace of organic disease, no leucorrhœa, and no abnormal feelings or manifestations of the organs of generation. This uncommon phenomenon resulted, no doubt, from the sudden shock of her nervous system, coupled with her very full habit of body, and the weakness of the coats of the capillary vessels of the uterus, the same connection of circumstances which acting on the brain, had produced the hemiplegia from which she had previously suffered

I saw her on the 9th inst., and up to this time she had had no signs of any return of the catamenia.

August 21st, 1871.

CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

SIR,

In your last number I read with interest an article on the treatment of Scarlatina by the use of warm water, either by *sponging* or immersion, and by the application of lard rubbed over the body. The writer has given a very clear reason why they should be used. I am only too happy to add my experience—especially of the warm bathing, which has always been favorable.

During this year I have seen a very few cases only of this disease, and most of these were slight. In every case I used the warm *sponging*, and if the patient could bear it, the warm bath. I did not use purgatives unless needed, and only the milder ones I used Carbonate of Ammonia in conjunction with Spts Eth, nit, the latter being diaphoretic and diuretic. I conceived that it would assist the action of the warm bath. Symptoms arising during the progress of the disease were treated accordingly

In other cases of Fever besides this particular one, I have found the use of warm water very beneficial.

Last year I was seized with Bilious Fever, which nearly proved fatal. A week after the seizure, my medical attendant ordered me to be wrapped in blankets wrung out of warm water, and kept well covered for two hours. What was the result?—the skin which was hot, dry, and parched, by the end of that time became more moist and cool, my breathing was better, and all my nervousness and irritability were soothed and allayed to a great extent, and I sank into a quiet doze, which greatly benefitted me. Every night after that I was thoroughly sponged all over with water as hot as my attendant could bear to wring the sponge with. It was a comfort to me, having a tranquilizing effect.

Now we will look at its effects in another point of view

First, as to health. What can be *more beneficial to health* than cleanliness of body? In Summer, after a long, dusty drive or ride, we come home, dusty, tired, and perspiring. How do we restore our tired frames?—by going to our rooms and bathing from head to foot; we are refreshed, and almost ready for another tramp. What would be the result of a person being en

veloped with a thick coating of tar for a considerable length of time? It would most likely cause his death or bring on a disease from which he might not recover. Nature with the intent of giving us health through the pores of the skin in the shape of perspiration, the kidneys and bowels in urine and feeces takes away from the blood all those effete materials which might be the germ of some future disease. Thus by warm bathing are we not helping Nature by removing the clammy perspiration that is drying upon and blocking up to a certain extent the mouths of all these pores. I contend that we are. If warm bathing is so beneficial to health, how much more so must it be when our bodies are burning with a raging fever. Is it not a well known fact that as the skin of a patient gets hotter and dryer, the pulse gets higher, the tongue more thickly coated, the gums and teeth covered with sordes, low muttering delirium and often coma supervening, but as soon as the skin gets more moist and cool, then all the bad train of symptoms gradually disappear. Is not this state of affairs induced in a great measure by the partial arrest of perspiration, which prevents the throwing off by the pores of the skin the *materies morbi* of the disease, as in Typhoid Fever, which tends to lesson the chance of the patient's recovery, by remaining in the body. Looking at a patient in this state, what do our text books recommend us to do, and our common sense tell us to do? Use warm water sponging to assist flagging nature to set up a favorable reaction on the pores of the skin, which in many cases is successfully done. It is an established fact in India, that persons are more liable to sunstroke when perspiration is checked, than those who are perspiring freely. Dr. Simpson of her Majesty's Seventy-First Regiment observes "every man seized with sunstroke and who could answer questions informed me that he had not perspired for a greater or less extent of time, sometimes not for days previous to being attacked, and that he enjoyed good health as long as he perspired, but that on the perspiration being checked he felt dull and listless, and unable to take much exertion without making a great effort." How many times medical men have been sent for in a hurry to visit a child in fits, and, arrived at the place, to find it in a pale, cold, insensible condition. What follows?—the child is put into a bath of warm water, taken out again, wiped dry and rolled in blankets, whilst the doctor is preparing some

prescription. How often has this been followed by beneficial results, returning warmth to the skin, color to the face and lips, and a gentle perspiration, breathing becomes more natural, and the child gets into a more tranquil state. In fact, this remedy is so well known and appreciated in this section of country, that it is frequently used before the medical man arrives at the house In all the cases in which I have used it, no bad result has followed.

If in the cases above mentioned, the warm bath and sponging are so beneficial and so well known, then they ought surely to take a prominent position amongst the remedies used in the treatment of Scarlatina.

Hoping I have not trespassed too much on your time and space,

I remain, yours, etc.,

HENRY M. JONES, M. D.

Marmora, Aug. 8th, 1871.

(To the Editor of the Canada Lancet.)

SIR,

Whoever has read the present law specifying the physician's duty in the matter of registration of deaths, must be struck with one remarkable discrepancy; regarding which, you would confer a favor on some of your readers, by throwing a little light on the matter. Sec. 6 of the amendments to "An Act to provide for the Registration of Births, Marriages and Deaths," reads as follows: "Every duly qualified medical practitioner, who shall have been in attendance during the last illness, and until the death of any person, shall within thirty days after the death of such person, transmit to the Division Registrar of *the division in which such practitioner resides*, a certificate under his signature of the cause of death, according to a form to be provided by the said Division Registrar, who shall be furnished with such forms, and it shall be the duty of every such medical practitioner to apply to the said Division Registrar for blank forms for that purpose, and upon the receipt of said certificate, from the said medical practitioner, by the Division Registrar, he shall make

the entry as to the cause of death of such person according to the fact stated in the said certificate."

In the above the whole duty of the practitioner is defined, namely To report every death occuring in his practice, (no matter where such death may have occurred) to the "registrar of the division in which said practitioner resides." But Sec. 11 of the above cited act, requires that every death shall be registered in the division in which such death took place, without any reference to the division in which the attending practitioner resides.

Now, it is possible that a physician may practice, and have deaths occur in his practice, in several divisions in which he *does not* reside. How then about the practitioner's report in such cases—is double registration required? The letter of the law says it is, but surely such is not the meaning.

There is another particular in which the act is too indefinite. A practitioner who attends a person in his last illness, is required, within thirty days of death, to report the cause of death; but there is no provision made for the practitioner himself being informed of such death. A physician, I presume, is not supposed to sit by the bedside of his moribund patient, waiting for the last gasp, neither is he supposed to call afterwards to ascertain whether death has occurred, and at what particular moment. How then is he to obtain the information required of him, in due time? I shall illustrate this by a case in my own practice, some six weeks ago. I was summoned to attend a little patient suffering from a severe attack of croup. I administered the usual remedies and remained in the house till the patient had so far recovered as to fall into a quiet sleep, breathing steadily and gently I then left, giving instructions that I should be immediately called in case of a relapse, and leaving medicines to be used in the mean time. I heard no more of the case till a few days ago. I casually learnt that the patient was again attacked the following night, and sank while preparations were being made to send for me. Here, then, have I been for a fortnight unconsciously liable to prosecution; and who is to blame.

Were a George Albert Mason to make his appearance among us, we might have these two problems solved any moment.

I am, Sir,

Your obt. Servant,

WM. MORTON, M.B.

Wellesley, Ont. July 25th, 1871.

T(o the Editor of the Canada Lancet.)

SIR,

Will you give me space in your journal, which, I am glad to know, is becoming pretty widely circulated and is doing a great deal of good, to say something about quackery?

I think it is the duty of every medical man to speak out and contribute his mite towards the suppression of this great and crying evil. I am exceedingly glad to notice in your last issue of the LANCET that some of the members of the Medical Council are beginning to agitate this matter. This is what it needs, and I firmly believe, if the Medical Council and the profession at large only go to work in good earnest, that ere long we shall get a legislative enactment which will enable us to drive all the Quacks out of the country, or force them to pull down their "shingles." This is what we want; this is what we must have. I am not an advocate of "free trade" in medicine. I say let us, one and all, get to work. Medical men are numerous, and if they are only energetic and united, they can bring a mighty influence to bear on the legislature of our Province. We want a penal clause annexed to the Act relating to Quackery, as at present it is of no practical benefit whatever in a great many cases. Let us fight for it, and we will get it in time. I hope, Mr. Editor, you will not fail to do your part in setting the machinery in motion.

Now, sir, I need not expatiate on this system of Quackery, which is so prevalent among us. There is scarcely a town or village that does not contain its quack doctor, and as a general rule they are as impudent as the "old Serpent" himself. Who ever saw one of them that had not a tongue as long as the "Moral Law"? They are a perfect bore to all around them who are able to see them as they are. They corrupt and pervert the minds of the public by their incessant preaching, and in many localities do a great deal of harm to a regular practitioner, no matter what his merits are; for the people, many of them, are not competent to distinguish between merit and demerit in our profession.

Any one who has been in the practice of medicine even for a short time knows very well that a great many men in good good standing, and wealthy, too, are influenced in a very great degree in the choice of their doctor by the fee they expect to pay him. Now, sir, I don't wish to be personal, but I cannot refrain

from giving expression to what has taken place while I have been writing these few lines. It corroborates fully what I have just said.

One of the richest farmers in this section of country, and I may add with propriety one of the most intelligent in many respects, just drove into town and retained the services of an old Quack who has no more brains than a hare. There is another doctor in the place besides myself, and a gentleman of good standing professionally and socially. He is at home too.

Now, Mr. Editor, I feel certain, from my knowledge of the parties, that there was no earthly reason in this case for leaving two regular practitioners at home and taking an ignorant Quack, except the consideration of the fee. I am sure most know that this is often the case, even with very respectable parties.

It is not right or just for the medical profession to be degraded by a class of men whose only merit in most instances lies in their being able to tell a fine story and deceive the people, and who have neither professional or general education.

Let us be true to ourselves, and we will soon wipe out this class of impostors, and in so doing confer a lasting boon on society. It is not only our privilege, but our duty, to take action in this matter.

Yours truly,

Bath, July 31, 1870. M. D.

(To the Editor of the Canada Lancet.)

DEAR SIR,

I had intended to reply to an editorial on the Contemplated Dominion Medical Bill which appeared in your columns some time since, but have hitherto been hindered by want of time.

In the first place I would venture to remark that that Bill is not unalterable. There are some portions of it to which I, as an individual strongly object but if Ontario has not received in it the consideration to which she is entitled, it is the fault of her own men. Dr. Howard, the chairman of the committee for drafting the Bill, had written for suggestions to the other members, and had received only one reply from Ontario.

We are mainly interested in considering the *general principle and groundwork* of the Bill, which does not, as averred by some, yield any ground we already hold, but only differs from the present act in not absolutely and of necessity providing for

the perpetuation of sects in the Council: medical men voting, simply as such, for members of the Council without distinctions being made.

The spirit of the Quebec men at the meeting of the Association was most conciliatory. I can appeal to those who now oppose the Bill and who were present at that meeting. The fact of this Bill being circulated shows a desire for fair play.

The amendments not being embodied in the Bill (of which fact much capital is made), arises merely from the fact that the whole proceedings have been copied from the minutes of the meeting of the Association, *and that it was not thought necessary* to go to the trouble and expense of a distinct compilation.

I wrote regarding the unequal nature of the representation to a medical man in Montreal, and the reply was most satisfactory. The question before the profession is whether we wish an Act which will embrace the profession throughout the Dominion. If so, let Ontario be properly represented at the next meeting of the Association; let Ontario men enter into the question heartily and in good faith, and they can obtain a Bill which will give satisfaction to all parties.

Yours sincerely,

W. OLDRIGHT.

(To the Editor of the Lancet.)

SIR,

I am induced to record the following case, should you deem it worthy of publication. I have regarded it of some interest, from its speedy course, and threatened fatal termination by suffocation.

Mr. B——, age 60, on the 10th inst., 4 p.m., called at my office and complained of a "sore throat," informing me that he had first noticed it on rising that morning, and increasing rapidly in severity during the day. He complained of *intense pain*. On examination I found much inflammation and the tongue so much swollen that it was protruded with great difficulty. His articulation was scarcely audible, his general health good (save the effects consequent on many years hard labor.) I immediately administered an emetic of sulphate of zinc from which he obtained instant relief, and at 6 p.m. went his way, since which time there has been no return of the aggravation, nor was any subsequent treatment required.

Yours, &c.,

A. S. C. M. B.

Curran, Ont., 18th Aug., 1871.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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TORONTO, SEPT. 1, 1871.

WHAT IS OUR DUTY?

Before our next issue, the above question will have been asked by many of our readers, and upon the answer will depend the welfare of the profession for many years to come. Before another issue the Canada Medical Association will have met, and the members will have to decide whether they will give up a certainty for an uncertainty,—whether they will sacrifice a Bill which is accomplishing so much good, for one of altogether doubtful efficiency. We have no hesitation in asserting that the Ontario Medical Bill is doing a far more valuable work for the profession than the Dominion Bill is likely to accomplish, while the latter is no more free than the former, from those features to which exception has been taken. The Ontario Medical Bill takes in the different medical sects because they were incorporated by law before its passage, but it keeps up the distinction between them, and it has brought them so completely under subjection that not one single candidate has accepted the (supposed shorter) examination of homœopathy or eclecticism, or registered under their banners, while the whole number entering the "regular" profession has been very materially reduced.

The proposed Dominion Bill likewise takes in all the sects, but amalgamates them at once with the general profession. It admits to registration *all licensed practitioners* in Ontario and Quebec, and many who are not licensed at all, in the Eastern provinces, and as homœopaths are licensed in Quebec as well as in

Ontario, (a fact not known to many of our readers), they necessarily all come in together, and those who oppose the Ontario Bill on that score would be just as badly off as now. But we are happy to say that a vast change has taken place in the minds of the profession in Ontario with reference to our Bill. We know that many who were once bitterly opposed to the Ontario Bill, are now quite satisfied that it is doing a good work, and are quite willing to let it work on a little longer with all its defects, rather than run the risk of being thrown back into the chaos of former times, or being subject to the glaring injustice of the proposed Dominion Bill.

We know that the proposed Bill will never work as satisfactorily as the Ontario Bill is doing. There will always be jealousies between the different sections, no matter how upright the examiners may be, as the provinces are too far separated for the attendance of all candidates before a single Board, and the transmission of papers from one section to another will give rise to endless suspicions and accusations.

Upon the whole we are convinced, after the most careful examination of the matter in all its bearings, that a single examining Board for each Province, exercising sole jurisdiction over all persons desiring to practice within its limits, just as the Ontario Council does now, is the only plan likely to conduce to the elevation of the profession as a whole, or promote that harmony, good feeling, and mutual respect which we hope will always exist between the members of the profession throughout the Dominion.

Or to put the matter more plainly;—let each Province establish a *single Board* before which all candidates must be examined for license to practice in that Province, *no matter* whence they come, such license to confer no authority to practice in any other Province of the Dominion. In this way each Province will have absolute control of the standing or qualifications of the men admitted to its profession, and students would be allowed to obtain their education in that Province in which fancy or interest might prompt them.

HOSPITAL APPOINTMENT.

The death of Dr Hampton has created a vacancy in the Toronto General Hospital, and we are informed that already there have been several applications for the position he lately occupied—that of Resident Physician The present juncture presents a favourable opportunity for a change in this respect and we hope the Trustees will not fail to inaugurate a plan which is in successful operation in nearly all the European and American Hospitals. We refer to the appointment by competitive examination from among the most deserving recently graduated students in attendance at the various Medical Schools of the city We would suggest the yearly appointment of a Resident Physician, and a Resident Surgeon. This plan would effect a considerable saving of the Hospital funds, as many students would be glad of such a position for a year after graduation, and would be content with board and lodging and a small salary of say $50 or $100 per annum for incidental expenses. The practical hardworking, faithful, industrious student, would prize far more highly an appointment of this kind, than any medal or token of reward which can never be of any practical use to him in after life.

A plan which has been found to work so well in other Hospitals, cannot fail to be of advantage here, and we feel assured that its adoption would not only give general satisfaction to all concerned, but also encourage and stimulate our young students to more faithful attendance on Hospital clinics and more careful attention to Hospital work, in order to qualify them more thoroughly for the duties that await them. There will be no lack of competitors among recent graduates, and many of these will be found quite as well qualified to discharge the duties as some of those now applying for the office, for the sake of the salary and the immunity from hard work and responsibility the position affords. The present Hospital staff would form a perfectly competent board of examiners for that purpose, the competitors being examined after the same manner as the examinations are conducted at the college of Physicians and Surgeons of Ontario which would remove any semblance of unfairness or partiality towards the students of any particular school. Some improvements are required both in reference to the remissness in the attendance of students, and the irregularity of the visits of certain members of the staff, and we hope the trustees will commence with this suggestion and follow it up by some other improvements of equal importance to the profession and the public.

HARVARD MEDICAL COLLEGE.

We have received a copy of the 88th annual announcement of the Harvard Medical College, from which it appears that the plan of study therein pursued has been entirely changed. It is *now made to extend over a period of three years and has been* so arranged as to carry the student gradually and systematically from one subject to another, until he has mastered the whole course. The students are to be divided into three classes, and *examinations will be held at the end of each year in the respective* subjects.

The course of study and examination is as follows:

For the first year—Anatomy, *Physiology and General Chemistry.*

For the second year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the third year—Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Instruction in the above subjects is given by lectures, recitations and practical exercises, throughout each year. Students who have commenced their professional studies elsewhere may be *admitted to the school and proceed to the degree without joining* the regular classes, taking up such subjects as they may require and passing the examinations at the beginning, middle and end of each year. This plan will go into operation on the 28th of September, 1871, *but does not affect students who have already* commenced their studies in the school, unless by their own choice.

We are glad to see this popular school alive to the interests of the profession and we hail with pleasure this step in advance and hope that many other schools in the United States may adopt the same course. It is high time that some effort should be made to raise the standard of medical education throughout the Union and we rejoice to see "old Harvard" taking the lead.

CYANO—PANCREATINE.

We beg leave to call the attention of the profession to this new remedy, a sample of which we have received through the kindness of the proprietors It is a preparation composed of animal fats, pancreatic juice, alcohol and water, chemically united in proper proportions, and has been found very efficacious in the treatment of indigestion in all its various forms, chronic bronchitis, catarrh, consumption, or debility from whatever cause. It has the sanction of some of the most eminent physicians in Canada, and we have no doubt it will be found very serviceable in the treatment of those diseases for which it has been so highly recommended. We therefore take pleasure in noticing it in the columns of the "*Lancet.*"

COLLEGE OF PHYSICIANS AND SURGEONS, ONT.

The next matriculation examination will be held in Toronto and Kingston, on the first Tuesday and Wednesday of October next.

Candidates are requested to give notice 6 days before the examination, to the examiner, before whom they intend to present themselves,—stating the optional subject in which they wish to be examined.

CUNDURANGO.

In the last number of the *Lancet* we referred to this new remedy and mentioned some cases reported by Dr. Bliss as having improved under its use. It appears from later accounts that some of those patients thus experimented on have since died, and others, although slightly benefitted at first, and seeming more cheerful at the prospect of relief, were not improved in the least degree.

Dr Smith of Washington, in the *National Medical Journal* gives the result of one of Dr. Bliss's cases, a Mrs. H., who had been formerly under his own care. This was an ulcerated cancer of the cervix uteri, from which an offensive and somewhat sanguineous discharge proceeded. There was constant pain in the lum-

bar region, very much aggravated by the movements of the bowels. The patient was able to move about, but was never free from pain except when under the influence of opium. The correctness of the *diagnosis* was verified by two other medical men. The *prognosis* was of course unfavorable, and the treatment merely palliative. Dr. Bliss was called in and prescribed decoction of cundurango bark. The remedy was administered for more than two weeks, and while the patient was taking it she seemed better, and felt cheerful at the prospect of being cured; but when informed that the supply was exhausted her courage failed, and she rapidly sank and died.

Dr. Garnett of Washington in the *Richmond and Louisville Medical Journal* for August calls attention to the fact that the virtues claimed for cundurango, if it have any, can only be due to the insoluble *resin* which makes about 2-7 parts in 80 of the vegetable matter, according to the analysis of Dr. Antisell; whereas it is the decoction or infusion of the bark that is administered in the treatment of cancer. In view of these facts, together with others equally impressive, we are irresistibly forced to the conclusion that the value of this remedy in the treatment of cancer has been very much over-estimated. As yet we have not heard of one well authenticated case which has been cured by its use.

We sent for some of the bark, but have not yet received any reply. As soon as it can be had, we will seize the first favorable opportunity of testing its value in this dreadful disease.

CANADA MEDICAL ASSOCIATION.

We beg to remind our readers that the meeting of the Canada Medical Association takes place, in Quebec, on the 13th instant. Return Tickets at reduced rates may be had by applying to Dr. Henry, of Ottawa, Secretary for Ontario, or H. H. Wright, M.D., Toronto; Dr. Blanchet, of Quebec, for Quebec; Dr. Steeves, of St. Johns, for New Brunswick, Dr. Reid, of Halifax, for Nova Scotia; or Dr. David, of Montreal, General Secretary for the Dominion.—(See Advt.)

DR. MARTIN, OF PORT PERRY.

In the last issue of the LANCET we published an extract, clipped from the *Oshawa Vindicator*, in reference to the above gentleman. Since then we have been assured by several of the Doctor's friends that the publication of these *editorial notices in a group*, in the Oshawa paper, was without his knowledge or consent. While making this statement we feel, however, that it would have been more satisfactory if the Editor of the *Oshawa Vindicator* had come forward and explained the way in which these articles found their way into his paper.

APPOINTMENT.

Dr. Edward L. Atkinson, of the village of Gananoque, has been appointed an Associate Coroner for the united counties of Leeds and Grenville.

Selected Articles.

EXCISION OF HIP-JOINT.

UNDR THE CARE OF PROFESSOR WOOD, F.R.S., KING'S COLLEGE HOSPITAL.

The case of hip disease was in a young man, by calling a groom. Some time ago he met with an accident and fell on his hip, and subsequently suffered from extreme debility, the result of long-continued discharge from two large sinuses, one leading directly to the joint, the other opening at a position corresponding with the tuberosity of the ischium. Mr. Wood, in the first instance, made a longitudinal incision over the joint, and subsequently, in order to obtain more room, converted it into a crucial one. He then carefully dissected round the joint, and divided the several ligaments. His next step was to remove the head and neck of the femur, first, by sawing through the neck with a convenient saw, having a raised handle, known pretty generally by King's men as "Wood's saw;" secondly, by applying the "lion forceps." Great difficulty was experienced at this stage of the operation, a portion of the head of the bone being anchylosed to the upper margin of the acetabulum; by

means of the gouge and elevator the difficulty was overcome, and the head was enucleated. The next step was to remove all diseased portions by means of a gouge, curved forceps, and sequestrum forceps, as well as cutting away suspicious-looking structures. The second stage of the operation was now commenced, viz., laying freely open the sinus over the tuberosity of the ischium, with a view to ascertain if a communication existed between this sinus and the one that led directly to the joint; none, however, was found. The third stage was to divide the tendons of the ham-strings and biceps muscles, owing to the contraction of the knee-joint. The wounds were then carefully sponged and dressed with carbolic acid and oil, the edges brought together by sutures, and a light bandage applied. The patient was then removed to bed, and afterwards an extension split was applied.

Mr. Wood remarked that here was an instance of caries of the bone, which if no operative procedure were initiated, nothing remained for the poor fellow but a lingering death, by reason of the continued discharge from the sinuses, if not death from pyæmia itself. It was always a difficult matter to state precisely, prior to operating, the exact condition that the parts would be found in, in a diseased joint, and what complications the operation itself might present.

As regarded the condition of the joint in this case, there had been adhesion of the head of the femur to the upper rim of the acetabulum. Nature, in fact, endeavored to repair the injury, and this firm adhesion it was that had rendered the removal of the head so difficult. Again, the carious condition affecting a good deal of the bone, some time was necessarily occupied in removing all the diseased parts, which here included a portion of the shaft, as well as the great trochanter. When the second sinus had been laid open the tuberosity of the ischium was found diseased, and portions had to be removed, which of necessity lengthened the operation; while, finally, there was the necessity of dividing the tendons of the hamstrings and biceps subcutaneously for the contraction of the knee-joint.

Professor Wood, in commenting on the case, said:—Excision of the hip-joint, as a rule, did not present the complications and difficulties that this case did; indeed, in children, the head was usually found dislocated, and many of these cases were quite simple in character. Another point worth noticing in opera-

tions of this kind generally, and especially in the case under consideration, was the slight loss of blood.

Mr. Wood also drew attention to the condition of the man, which had much improved since he had taken the sulpho-carbolate of iron, and as he believed him to be pretty well "carbolised," he hoped pyæmia would be averted.

The man has continued to do pretty well since the operation, and his general health has improved. The sinus leading to the tuberosity of the ischium still remains open, due to some carious bone still remaining.—*Medical Press and Circular.*

GAUZE BANDAGES FOR STUMPS.

"In dressing stumps, compound fractures, and burrowing abscesses," says Dr. Washburn, "I often found it difficult (as, I presume, has every surgeon) to prevent, by the ordinary bandage and compress, accumulations of pus, without at the same time running the risk of closing the orifices; or, when attempting to avoid this, I would generally have the wound and a certain portion of the adjacent flesh bulging disagreeably through the openings left in the dressing to allow of drainage. To avoid this I was induced to make use of bandages of *mosquito-netting*, which I found I could apply directly over a wound without interfering with its discharge. I prepare the bandage by cutting new mosquito-netting into long strips of from three to four inches in width, and rolling it upon small strips of wood, so that it can be handled as an ordinary roller bandage. It seemed to me upon trial, that the mosquito-net bandage accomplished much more rapidly the closing of stumps, etc., than the methods I had previously employed, and was, besides, neat in appearance. As the majority of stumps heal by granulation, they may be nicely compressed and supported by bandages of this material. Where the material is not strong enough, it may be used double, or the roller passed twice over the same place. After the bandage has been applied, a cloth dipped in water or spread with cerate may be laid over the openings, to exclude the air and prevent the pus drying, and so closing the wounds. I have no doubt but that a better material than mosquito-netting could be found or manufactured for the purpose; but, in the absence of a better, it

answers exceedingly well." (*New York Medical Gazette*, vol. vii, No. 4.)—Professor Roser of Marburgh says, in the *Archiv fur Klinische Chirurgie*, vol. xii, p. 716, that for several years he has been in the habit of using gauze bandages in cases of amputation, and has found them very convenient. The bandage is dipped in water, or, still better, in a watery or oily solution of phenylate of soda, and is applied to the stump in such way as may be thought fit. It is well not to be sparing of the quantity used, as a protective covering is afforded by it. A hole or thin place may be left at the lower part. Dr. Roser says that this kind of bandage is likely to be useful when the patient requires removal; he has found the short transport from the operating-theatre to the ward rendered easier by i . The gauze bandage can easily be split up or penetrated by scissors, it is easily moistened by a solution of phenylic acid; it allows the secretions from the wound to escape. In 1868 he had to perform amputation of both upper arms in a man who had been injured by a threshing machine. The patient was able to sit up at the end of the second week, the bandage affording a light and at the same time firm support. He has also used it successfully in cases of high amputation of the thigh, of Pirogoff's amputation of the foot, etc. The parts were brought together partly by sutures, partly by means of the bandage.—*British Med. Journal.*

A NEW PHYSICAL LAW.

For the purpose of verifying and measuring the force evolved in the dilatation of water in freezing, which has been known to be sufficient to burst cannons, M. Bousingault has discovered an important fact by means of a very simple experiment. He filled, very exactly, a steel cannon with water at a low temperature, and having introduced into it a steel needle, closed it hermetically. When this apparatus was placed in a temperature of 23° below zero it was ascertained, by the sound of the needle falling through it when it was turned upside down, that it was not frozen, but the moment it was opened the water solidified immediately. It is proved by this experiment that water placed in such condition that it cannot dilate, is incapable of being frozen.—*Medical Press and Circular.*

A NEW BULLET EXTRACTOR.

The shooting of Head-constable Talbot, and the difficulty experienced in finding the fragments of the bullet, have suggested the construction of a new instrument, or rather a modification of the electric probe, by which Dr. Ivory Kennedy, of Dublin, hopes to make the detection and removal of the ball a matter of certainty.

The electric probe, as our readers know, is formed of two wires, insulated from each other, and to each of which the opposite poles of a battery are attached. As long as the points of these wires are separated from each other the battery is quiescent, but the moment the ends touch the ball, and thus make metallic connexion, the battery rings a bell. Thus far the instrument is only applicable to the diagnosis of the bullet, but Dr. Kennedy hopes to make it efficient for extracting it also. The wires of the probe are made of platinum, which, the instant the ball is touched, fuse by the heat evolved by the electricity into a solder with the lead, and becoming thus adherent, the ball may be removed without any second proceeding. The oxide of lead on the outside of the ball forms an obstacle to the passage of the electricity, but this difficulty is removed by the tipping of the points of the wires with nitrate of ammonia, which immediately dissolves the film of oxide, and produces a clean surface, suitable for the cofusion of the metals. Dr. Kennedy is engaged in experiments with Mr. Yates for the perfection of the instrument. We shall publish a full and descriptive illustration of the instrument when these experiments have concluded.—*Medical Press and Circular.*

Mustard to make Leeches Take.—"Having had occasion to order a mustard poultice for a patient, it became requisite to put some leeches on the same place. I was told that they fastened instantly, filled rapidly, and that the blood streamed afterwards into bread poultices as if it would never stop. I took the hint; and now, whenever I order leeches, I always have a mustard poultice applied first, then the leeches (two or three instead of half a dozen), and then bread poultices. There is less trouble for those who have to apply the leeches, far less annoyance, weari-

ness, and exhaustion for the patient, and a much more satisfactory result. The flow of blood is, however so much greater than would be thought likely or possible that I think it right to add a few words of caution. A few days ago, one of my patients, a young lady grown up, and of average strength, bled to fainting from only two leeches applied in this way.—*R. L., London Lancet.*

REMOVAL OF A BOUGIE FROM THE BLADDER OF A PREGNANT WOMAN.

BY PROF. ERICHSEN UNIVERSITY COLLEGE HOSPITAL LONDON.

M. M., aged 21, was admitted December, 1870, having been sent up by Mr. Swindell, of Whetstone. The patient had been engaged as a housemaid up to one month before admission. She was in perfect health till about one month previously, when she commenced to have pain on passing urine, lasting a short time afterwards. The pain during micturition was of a pricking character, and after it she felt as if there were something more to come away. Lately the urine had contained blood and matter. She passed it with considerable straining, and the pain remained the same. The pain was increased by movement. During the week before admission, she suffered from incontinence of urine, which escaped involuntary every few minutes. She had occasionally passed fragments of grit. She said that she was quite regular in her periods up to two months before admission, since when she had seen nothing; but she was extremely reticent, and did not answer questions readily.

On admission the girl was a fat anæmic girl. She was suffering from constant incontinence of urine, and the thighs and nates were slightly excoriated in consequence. Some of the urine which was collected was found to be alkaline, free from all albumen, and depositing a considerable amount of pus and triple phosphates. There was scarcely any blood. On December 20th, she passed a small gritty fragment, which was found to be composed entirely of phosphates. Mr. Erichsen sounded her, under chloroform, and found a calculus. It gave a distinct click when struck with the sound. It seemed to be of considerable size, was evidently phosphatic, and could be felt with the finger through the anterior vaginal wall.

On December 21st, the patient being tied up in the lithotomy-posi-

tion, M. Erichsen passed a full-sized male median lithotomy-staff, and opened the urethra at the vaginal aspect, dividing the under surface for about one inch. A pair of small lithotomy-forceps were then passed into the bladder, and the foreign body was removed. On examination, it was found to be a No. 4 male gum-elastic bougie, coiled up, and coated with phosphates to the thickness of about one-sixteenth of an inch. The ivory head was not covered with any deposit, and had doubtless been the cause of the distinct click heard on sounding. The wound in the urethra was brought together with silver sutures, and a catheter tied in. The patient was then removed to bed, and an India rubber tube attached to the catheter to carry off the urine.

The patient went on well till December 25th, when some hæmorrhage occurred from the vagina, which ceased after a slight loss of blood. This was repeated on the 26th and 27th, until the patient was much weakened by loss of blood. It was then found, on further examination, that she was in the fourth month of pregnancy, and that abortion was threatening. She was transferred to the care of Dr. Grailey Hewitt, under whose treatment the progress of miscarriage was stayed; and she gradually recovered, leaving the hospital in about a month after the operation.

Mr. Erichsen stated that this case was extremely interesting in a medico-legal as well as in a surgical point of view. Here was an unmarried girl pregnant, with impending abortion, in whose bladder a male gum-elastic bougie was found. There could be no doubt in the minds of any conversant with the practices that were unfortunately notoriously rife in this country—though less so than in some others—that the bougie had been employed for the purpose of procuring abortion; that it had been used by an unskilled hand; that the urethral orifice had been mistaken for the os uteri; and that the instrument, having slipped in, had occasioned the symptoms of calculus for which she had been admitted. His suspicions as to the alleged calculus being, or having for a nucleus, a foreign body, had been aroused by the reticence of the girl, but he had thought, as is very common in such cases, that the foreign body, whatever it might be, had been introduced to gratify sensual feelings, rather than with a postively criminal intent. Stone in the bladder was so rare in young women, that, when a calculous mass was found, it was almost invariably found around some extraneous body, such as a hair-pin, a piece of pencil, etc., that had been accidentally slipped into the urethra. In this case, the mode of introduction was different; and there could be no doubt, from the

nature of the foreign body and from the coexistence of pregnancy, as to the motives that had suggested its use. It had probably been in the bladder about two months, judging by the quantity of phosphates by which it was encrusted. The bougie, as usually happens, was coiled up into one mass; and the ivory handle, being free and uncoated, gave a clear and distinct click to the sound.

With respect to the operation, Mr. Erichsen performed urethrotomy instead of dilating the urethra, as he thought that, as the mass was rather large, the canal might be over-stretched, and incontinence would then result. The cut in the urethra was immediately closed by silver sutures.—*British Medical Journal.*

PROFESSOR TYNDALL ON DISEASE AND SMOKE.

The able lecture of Professor Tyndall at the Royal Institution, which we lately noticed in the MEDICAL PRESS, has been published in our excellent contemporary, *Nature*. We take from that Report a few passages to show how the lecturer first of all dealt with the germ theory of disease, and then passed on to describe a practical illustration of how his views on dust and smoke had enabled him to construct a fireman's respirator, which promises to be of the greatest value.

As regards the lowest forms of life, the world is divided, and has for a long time been divided into two parties, the one affirming that you have only to submit absolutely dead matter to certain physical conditions to evolve from it certain living things; the others, without wishing to set bounds to the power of matter, affirming that in our day no life has ever been found to arise independently of pre-existing life. Many of you are aware that I belong to the party which claims life as a derivative of life. The question has two factors: the evidence, and the mind that judges of the evidence. and you will not forget that it may be purely a mental set or bias on my part that causes me throughout this discussion from beginning to end, to see on the one side dubious facts and defective logic, and on the other side firm reasoning and a knowledge of what rigid experimental inquiry demands. But judged of practically, what, again, has the question of Spontaneous Generation to do with us? Let us see. There are numerous diseases of men and animals that are demonstrably the

products of parasitic life, and such diseases may take the most terrible epidemic forms, as in the case of the silkworms of France in our day. Now it is in the highest degree important to know whether the parasites in question are spontaneously developed, or are wafted from without to those afflicted with the disease. The means of prevention, if not of cure, would be widely different in the two cases.

But this is by no means all. Besides these universally admitted cases, there is the broad theory now broached and daily growing in strength and clearness—daily, indeed, gaining more and more of assent from the most successful workers and profound thinkers of the medical profession itself—the theory, namely, that contagious diseases generally are of this parasitic character. If I had heard or read anything since to cause me to regret having introduced this theory to your notice more than a year ago, I should here frankly express that regret. I would renounce in your presence whatever leaning towards the germ theory my words might then have betrayed. Let me state in two sentences the grounds on which the supporters of the theory rely. From their respective viruses you may plant typhoid fever, scarlatina, or small-pox, What is the crop that arises from this husbandry? As surely as the thistle rises from a thistle seed, as surely as the fig comes from the fig, the grape from the grape, the thorn from the thorn, so surely does the typhoid virus increase and multiply into typhoid fever, the scarlatina virus into scarlatina, the small-pox virus into small-pox. What is the conclusion that suggests itself here? It is this :—That the thing which we vaguely call a virus is to all intents and purposes a *seed*. that in the whole range of chemical science you cannot point to an action which illustrates this perfect parallelism with the phenomena of life—this demonstrated power of self-multiplication and reproduction. There is, therefore, no hypothesis to account for the phenomena but that which refers them to parasitic life.

And here you see the bearing of the doctrine of Spontaneous Generation upon the question. For if the doctrine continues to be discredited as it has hitherto been, it will follow that the epidemics which spread havoc amongst us from time to time are not spontaneously generated, but that they arise from an ancestral stock whose *habitat* is the human body itself. It is not on bad air or foul drains that the attention of the physician will primari-

ly be fixed, but upon disease germs which no bad air or foul drains can create, but which may be pushed by foul air into virulent energy of reproduction. You may think I am treading on dangerous ground, that I am putting forth views that may interfere with salutary practice. No such thing. If you wish to learn the impotence of medical science and practice in dealing with contagious diseases, you have only to refer to a recent Harveian Oration by Dr. Gull. Such diseases defy the physician. They must burn themselves out. And, indeed, this, though I do not specially insist upon it, would favour the idea of their vital origin. For if the seeds of contagious disease be themselves living things, it will be difficult to destroy either them or their progeny without involving their living *habitat* in the same destruction.

I went some time ago into a manufactory in one of our large towns, where iron vessels are enamelled by coating them with a mineral powder, and subjecting them to a heat sufficient to fuse the powder. The organization of the establishment was excellent, and one thing only was needed to make it faultless. In a large room a number of women were engaged covering the vessels. The air was laden with the fine dust, and their faces appeared as white and bloodless as the powder with which they worked. By the use of cotton-wool respirators these women might be caused to breathe more free from suspended matters than that of the open street. Over a year ago I was written to by a Lancashire seedsman, who stated that during the seed season of each year, his men suffered horribly from irritation and fever, so that many of them left his service. He asked me could I help him, and I gave him my advice. At the conclusion of the season this year, he wrote to me that he had simply folded a little cotton wool in muslin, and tied it in front of the mouth, that he had passed through the season in comfort and without a single complaint from one of his men.

The substance has also been turned to other uses. An invalid tells me that at night he places a little of the wool before his mouth, slightly moistening it to make it adhere, that he has thereby prolonged his sleep, abated the irritation of his throat, and greatly mitigated a hacking cough from which he had long suffered. In fact, there is no doubt that this substance is capable of manifold useful applications An objection was urged against the use of it: that it became wet and heated by the

breath. While I was casting about for a remedy for this, a friend forwarded me from Newcastle a form of respirator invented by Mr Carrick, an hotel-keeper at Glasgow, which meets the case effectually, and, by a slight modification, may be caused to meet it perfectly.

Our fire-escapes are each in charge of a single man, and I wished to be able to place it in the power of each of those men to penetrate through the densest smoke into the recesses of a house, to rescue those who might otherwise be suffocated or burnt. I thought that cotton wool, which so effectually arrested dust, might also be influential in arresting smoke. It was tried, but, though found soothing in certain gentle kinds of smoke, it was no match for the pungent fumes of a resinous fire, which we employ in our experiments in the laboratory, and which, I am gratified to learn from Captain Shaw, evolves the most abominable smoke with which he is acquainted. I cast about for an improvement, and in conversing on the subject with my friend Dr. Debus, he suggested the use of glycerine to moisten the wool, and render it more adhesive. In fact, this very substance had been employed by the most distinguished advocate of the doctrine of spontaneous generation, M. Pouchet, for the purpose of catching the atmospheric germs He spread a film of glycerine on a plate of glass, urged air against the film, and examined the dust which stuck to it. The moistening of the cotton wool with the substance was a decided improvement, still the respirator only enabled us to remain in dense smoke for three or four minutes, after which the irritation became unendurable. Reflection suggested that in combustion so imperfect as the production of dense smoke implies, there must be numerous hydro-carbons produced, which, being in a state of vapour, would be very imperfectly arrested by the cotton wool These, in all probability, were the cause of the residual irritation, and if these could be removed, a practically perfect respirator might possibly be obtained.

I state the reasoning exactly as it occurred to my mind. Its result will be anticipated by many present. All bodies possess the power of condensing in a greater or less degree gases and vapors upon their surfaces, and when the condensing body is very porous, or in a fine state of division, the force of condensation may produce very remarkable effects. Thus, a clean piece of platinum-foil placed in a mixture of oxygen and hydrogen so

squeezes the gases together as to cause them to combine; and if the experiment be made with care, the heat of combination may raise the platinum to bright redness, so as to cause the remainder of the mixture to explode. The promptness of this action is greatly augmented by reducing the platinum to a state of fine division. A pellet of "spongy platinum," for instance, plunged into a mixture of oxygen and hydrogen, causes the gases to explode instantly. In virtue of its extreme porosity, a similar power is possessed by charcoal. It is not strong enough to cause the oxygen and the hydrogen to combine like the spongy platinum, but it so squeezes the more condensible vapors together, and also acts with such condensing power upon the oxygen of the air, as to bring both within the combining distance, thus enabling the oxygen to attack and destroy the vapors in the pores of the charcoal. In this way, effluvia of all kinds may be virtually burnt up, and this is the principle of the excellent charcoal respirators invented by Dr. Stenhouse. Armed with one of these, you may go into the foulest-smelling place without having your nose offended. Some of you will remember Dr. Stenhouse lecturing in this room with a suspicious-looking vessel in front of the table. That vessel contained a decomposing cat. It was covered with a layer of charcoal, and nobody knew until told of it what the vessel contained.

I may be permitted in passing to give my testimony as to the efficacy of these charcoal respirators in providing warm air for the lungs. Not only is the sensible heat of the breath in part absorbed by the charcoal, but the considerable amount of latent heat which accompanies the aqueous vapor from the lungs is rendered free by the condensation of the vapor in the pores of the charcoal. Each particle of charcoal is thus converted into an incipient ember, and warms the air as it passes inwards.

But while powerful to arrest vapors, the charcoal respirator is ineffectual as regards smoke. The particles get freely through the respirator. In a series of them tested downstairs, from half a minute to a minute was the limit of endurance. This might be exceeded by Farady's method of emptying the lungs completely, and then filling them before going into a smoky atmosphere. In fact, each solid smoke particle is itself a bit of charcoal, and carries on it, and in it, its little load of irritating vapors. It is this, far more than the particles of carbon them-

solves, that produces the irritation. Hence two causes of offence are to be removed · the carbon particles which convey the irritant by adhesion and condensation, and the free vapor which accompanies the particles. The moistened cotton-wool I knew would arrest the first, fragments of charcoal I hoped would stop the second. In the first fireman's respirator, Mr. Carrick's arrangement of two valves, the one for inhalation, the other for exhalation, are preserved. But the portion of it which holds the filtering and absorbent substances is prolonged to a depth of four or five inches On the partition of wire-gauze at the bottom of the space which fronts the mouth, is placed a layer of dry wool; then a layer of charcoal fragments, a second thin layer of dry cotton-wool, succeeded by a layer of fragments of caustic lime. The succession of the layers may be changed without injury to the action. A wire-gauze cover keeps the substances from falling out of the respirator. In the densest smoke that we hitherto employed, the layer of lime has not been found necessary, nor is it shown in the figure, in a flaming building, indeed, the mixture of air with the smoke never permits the carbonic acid to become so dense as to be irrespirable. But in a place where the gas is present in undue quantity, the fragments of lime would materially mitigate its action.—*Medical Press and Circular.*

OBITUARY.

We regret to announce the death of Dr. Wm. Tempest of this city, on the 8th ult., after a short and severe illness, arising from an abscess in the region of the bladder. He was born in Halifax, England, and settled in Toronto in 1842. In 1845 he received his license from the then Medical Board, and practiced for some time in Trafalgar, and subsequently in Oshawa. In 1861 he obtained the Degree of M.B., University of Toronto, and soon after commenced practice in this city, where he has remained since that time, and where he has built up a comfortable practice,—made many friends, and endeared himself to all who knew him well, by his kindness of manner and warmness of heart.

In 1866, during the Fenian invasion, his son, a member of the volunteer-corps, who was then about 21 years of age, fell at Ridgeway in defence of his country. This was a severe blow to

the Doctor and the family, and an affliction that was not soon forgotten. Subsequently the Doctor held the position of Medical Health Officer for the city, for the period of two or three years, an office which he filled with credit to himself and satisfaction to all concerned. He leaves a wife and five of a family (three daughters and two sons), to mourn his loss.

Died, on the 18th inst., at his residence, Toronto General Hospital, Dr. W. B. Hampton, aged 29 years.

He was educated in the Toronto School of Medicine, and obtained his license to practice in 1863. He soon afterwards entered upon his duties as resident physician, a position which he filled with general satisfaction. His funeral took place on Sunday the 20th, and was largely attended. The immediate cause of his death was enlargement of the liver.

GENERAL SUMMARY.

TORSION.—Dr. Duncan, of Glasgow, recently informed Dr. Fraser, of Montreal, that he had employed torsion twice on the femoral artery, and once on the brachial successfully.

A TESTIMONIAL TO MR. PAGET.—Since Mr. Paget's retiretirement from the staff of St. Bartholomew's Hospital, a movement has been initiated to 'perpetuate his labors,' and a fund for that purpose has been opened in London.

RIGID EXAMINATIONS.—Out of sixty-eight candidates who presented themselves before the Royal College of Surgeons, Eng., on May 24th, twenty-seven were rejected.

STATISTICS OF THE MEDICAL PROFESSION.—Dr. J. M. Toner, of Washington, D. C., publishes in the *Boston Medical and Surgical Journal* a synopsis of the information received by the American Medical Association regarding the number of medical practitioners in the United States and Territories. The whole number of physicians of all classes is stated at 49,708. This number is divided as follows: regular, 39,070, homœopathic, 2,961, eclectic, 2,860, hydropathic, 133, miscellaneous and unknown, 1,774. Estimating the population of the United States at thirty-nine millions, this would give one regular physician to every thousand persons.