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CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

On the use of Digitalis as a Cardiac Tonic, with an illustrative case.—By WALTER JAMES HENRY, M.D., Belleville, Canada West.

The following case tends to confirm the opinion entertained by many late writers as to the use of digitalis. Dr Fuller, the ablest supporter of the recent view, asserts "that when the pulse is feeble and irregular, digitalis is of all remedies the most useful," and that the drug stimulates the muscular tissue of the heart while at the same time moderating its action.

On the 18th of July I was requested to see Mrs. M. of Trenton in consultation with Dr. Lister. The history of the case made mention of repeated attacks of rheumatism several of which were attended by cardiac complication. This summer, when far advanced in pregnancy, anasarca came on, and though relieved for a time by means of diuretics and purgatives, proved extremely troublesome. It continued after the birth of her child. Shortly after her confinement a few days ago, a frightful attack of cardiac asthma with extreme faintness and coldness of the extremities was only relieved by free stimulation and counter irritation over the heart; a second attack had been partially relieved, but the following is a picture of her condition when first seen by me.

A thin, pale, delicate looking woman was propped up by pillows in a rocking chair. She was sitting with the shoulders elevated, stooping forwards. The face had a most anxious weary expression, the eyes slightly prominent. There was a slight lividity of the lips and a change of colour in the finger-nails. Respiration was laboured and uneasy, all the accessory muscles appearing in action. She could only speak in a whispered broken manner, with a gasp between each word. From the long continued distress in breathing, the fatigue was so great that her head would occasionally fall forward on her chest in an uneasy sleep, from which some increase in the dyspnœa would waken her.

The hands were cold and covered with clammy perspiration. The pulse was almost imperceptible in the right side, weak in the extreme when felt and at the same time extremely rapid. It was ascertained to beat 135 in the minute, and was irregular. It could not be felt on the left side for some time. The legs were enormously swelled, and pitted deeply on pressure. Over the dorsum of the foot and at the instep deep lived stains appeared on the skin.

The great dyspnœa prevented a very accurate examination of the chest being made, but the following facts were made out. The left side of the chest was more prominent than the right, and this prominence was greatest in the cardiac region. The heart appeared to beat lower down than usual, and its impulse was noticed over a more extended surface. Palpation detected valvular thrill and peculiar heaving impulse. A loud systolic bruit, was very plainly heard, and was loudest near the apex. It was noticed as remarkable at the time that such a disproportionate impulse existed with a weak and irregular pulse.

The physical signs pointed to disease of the mitral valve with regurgitation, and consequent dilated hypertrophy of the left ventricle.

The kidneys had not been acting very freely, but the urine was free from albumen. The bowels had been acted on by medicine. The tongue was slightly coated, but of a deeper colour than natural, and inclining to purple.

There was not much pain complained of. It was chiefly muscular, and referred to the back and shoulders. The dyspnœa appeared to engross her thoughts, and take up all her attention. In fact, her friends were hourly looking forward to her death, as the breathing had become more laboured towards evening.

At my suggestion twenty drops of the tincture of digitalis with the same quantity of the tincture of muriate of iron were given every hour. I sat up with her to superintend the treatment during the night. Beef tea and brandy were given every half hour in small quantities as some dysphagia existed.

After four doses of the digitalis had been given, there appeared to be intermissions in the very feeble pulse. The breathing became less rapid, and an attempt at a sigh was now and then made. But she complained of the hands becoming extremely cold, and looked even more exhausted than before. Recognising the effect of the digitalis, it was suspended for two hours, during which brandy was very freely given, and the tincture of the muriate of iron was administered as before. The digitalis was then resumed, and given steadily till morning with the food and stimulant.

At eight o'clock in the morning a very decided change for the better was noticed. She could sit up straight in the chair instead of crouching forward. Her breathing was much relieved, and the shoulders did not move as before. The pulse had fallen to 120, and every beat was marked and perceptible. It was now felt without difficulty in the left arm. The eyes appeared to have a brighter expression, and the lips were less livid.

It appeared on looking at the bottles that four drachms of the tincture of digitalis had been given during the night, and a little more than that quantity of the tincture of muriate of iron. As only ten doses of the digitalis had been given, the twenty drops in each dose must have contained twenty-four minims.

The dose of digitalis was now given only every three hours during the day (19th,) still combined with the muriated tincture. Eggs and milk were now given to relieve the monotony of the beef tea. In the evening she was found resting her head on the pillow with a stronger and slower pulse. Each dose of digitalis produced a feeling of drowsiness. A number of fine punctures were made in both legs with a small needle, and warm flannels applied. A quantity of fluid drained away from these punctures during the night.

20th. Has slept comfortably in her chair. Pulse 110; regular and without intermission. The digitalis was now given only every six hours, and the muriated tincture of iron discontinued.

The strength now seemed sufficiently restored to admit of purgatives, and two drops of Croton oil were given and followed up by several doses of bitartrate of potash.

22nd. Swelling very much reduced in the extremities. Breathing very much easier. Has slept well during the night. The dose of digitalis was now reduced to ten drops.

23rd. Slept in her bed last night very comfortably. The bitartrate of potash is still kept up every three hours, and is acting well on the kidneys.

There is a still greater diminution in the swelling of the legs.

It is unnecessary to chronicle the further progress of the case. A febrile attack was subsequently relieved, and from that date convalescence was steady. On the 5th August she had been walking in the open air.

An examination of the heart made on the 31st July, revealed the following condition:—INSPECTION. Undue bulging in the cardiac region. Heart's apex beat opposite sixth rib. Impulse perceptible to the eye over more extended surface.—*Percussion.* Superficial dulness more extended in transverse direction.—*Palpitation.* Valvular thrill well marked—Impulsion rather heaving.

Auscultation. Systolic bruit, rough in character heard very plainly over precordial region—louder towards apex and left side—becomes indistinct towards base, but is heard. The pulse was now between seventy and eighty. It was of good volume, and there were no intermissions, but some of the beats were much stronger than others.

Remarks.—In the *Medical Times* and *Gazette* of December 13th, 1862, a case is reported which was under the care of Dr. Handfield Jones, of St. Mary's Hospital, where the combination of digitalis with iron proved useful. I borrowed from the record of his cases the treatment which proved so serviceable in that just described.

The change which a few hours' treatment made in the pulse was remarkable. From being weak, extremely rapid and irregular, it became defined, full and increased in strength and regularity in twenty-four hours. The greatest effect, however, was upon the respiration—and this may be accounted for by the digitalis reducing indirectly the congestion of the lung on which the dyspnœa depended.

The stimulants had no effect upon the head, and the muriated tincture, though given in such continued doses, only occasioned slight headache on the day that it was discontinued.

Belleville, August 17th, 1865.

Case of Fracture of the Larynx complicated by Œdema Glottidis. Tracheotomy. Recovery. By DONALD MACLEAN, M.D., L.R.C.S.E. Professor of the Institute of Medicine, and Lecturer on Clinical Surgery, Queen's Universiy.

On the 15th of June, I was called to see the following case:

Wm. Rancier, a farmer, aged 32, married. When first seen was propped up in bed in a sitting posture, unable to articulate or perform the act of deglutition, bloody saliva trickling from his mouth, expression of countenance extremely anxious, respiration difficult and stertorous, face, neck, head and upper part of thorax distended by emphysema, pulse feeble and extremities cold. In reply to my enquiries the following statements were received. Patient had been chasing a dog out of his way while at work in the woods, and while running after the dog and in the act of throwing a stick at it, tripped and fell forward striking his neck with great violence against a stump, the height of which was sufficient to prevent his hands from reaching the ground.

Making a strong effort, he sprang to his feet and attempted to recover his breath, but he found it impossible to take a full inspiration. On putting his hand to his throat he discovered that it was much swollen, and

that the swelling was extending rapidly upwards over the face and back of the head. At the same time blood began to flow pretty freely from his mouth.

All these circumstances conspired to alarm him very much, still with the assisstance of a man who had been working with him he walked to his house a distance of about two hundred yards. A messenger was at once dispatched for medical aid, and about twelve hours after the accident, I arrived at the patient's residence (which is about twenty miles distant) and found him in the condition I have already described.

On proceeding to manipulate the parts there was no difficulty in discovering that the thyroid cartilage (at least) was fractured, the pomum adami was absent, and crepitus could be distinctly felt; over and above the crepitation of the emphysema, and by pressing on the left ala of the thyroid cartilage, respiration was entirely arrested, and acute pain felt. At this time I was of opinion that the cricoid cartilage also was fractured, but at subsequent examinations could never detect the abnormal prominence which on this occasion I supposed to have been produced by fracture of the cricoid. The emphysematous and otherwise unnatural state of the parts of course rendered precise manipulation impossible.

For the same reason I found it impossible to discover the exact extent and direction of the fracture of the thyroid.

At this time there appeared to be very little in the way of treatment, necessary or admissible. I attempted to restore the thyroid cartilage to its natural position and form, but with only very partial success.

A bandage was applied pretty firmly around the neck with the effect of facilitating respiration to some extent, and enemata were ordered, first laxative and afterwards nutritive. At an early hour, on the morning of the 16th I left him with instructions to keep me informed as to his progress.

On the 17th a very unfavourable report was received in consequence of which I revisited him early on the 18th, provided with a conveyance suitable for transporting him to Kingston. On this occasion I found him very much changed for the worse, respiration laboured and painful, pulse small and irregular, countenance intensely anxious and haggard, he had not slept since the accident occurred, nor had he attempted to swallow anything since my previous visit; his whole body was bathed in a cold clammy sweat, and altogether he appeared to be in immediate danger of sinking. On making the attempt he found that deglutition could now be performed with comparative ease and comfort, consequently a mixture of brandy and milk was freely administered with the effect of very rapidly improving his condition.

I now proposed his immediate removal to Kingston where his urgen case could receive the close attention which it required. On explaining to the patient and his friends my reasons for desiring his removal, they gladly conceded, and immediate preparations were made accordingly.

Patient complained somewhat of the shaking of the carriage, but on the whole he stood the journey well. He partook of brandy and milk and tea several times on the way, and on his arrival here stated that he felt stronger and better than when he left home.

On Monday and Tuesday (19th and 20th) patient complained a good deal of sleeplessness, in fact he had hardly slept at all since the accident occurred; otherwise everything seemed to be going on well.

On Tuesday night he became restless and anxious, complained of difficulty of breathing and pain in the neighbourhood of the larynx. He walked about the room nearly the whole of the night, and at daylight on Wednesday morning became suddenly much alarmed by the rapidly increasing dyspnœa, and what he described himself as "a sinking feeling." At this time he stated to me his conviction that he had not many hours to live—a conviction which I found it impossible altogether to remove.

At ten a.m., Dr. Dickson saw the case with me, and several unsuccessful efforts were made to obtain a view of the rima glottidis; the most cautious manipulation inducing violent reflex action.

The power of deglutition, though impaired, was not altogether lost, and fluid food, and stimulants were freely administered.

At 8 p.m., the dypsnœa had become very distressing, and it was evident that unless relief could be afforded in some way, very soon the man would die asphyxiated.

Dr. Dickson now revisited the case with me, and at last succeeded in obtaining a satisfactory view of the fauces and upper part of the windpipe, when it was seen that the glottis was all but occluded by œdema.

The course was now quite clear, and I proceeded at once to perform the operation of tracheotomy. It would indeed be difficult to imagine a more unfavourable case for the operation. Between emphysema and exudation, the trachea was very deep, the veins of the neck were of course distended to their utmost capacity, and the patient was struggling violently for air.

Having cut into the trachea and introduced the largest sized tracheotomy tube, we were disapointed to find that no air passed into the lungs, from which it was feared that an insurmountable obstacle existed lower down.

The case now appeared desperate, and the man was on the point of

dying asphyxiated, when I seized a silver male catheter and at once passed it into the trachea and beyond the obstruction with the immediate effect of affording the patient an adequate supply of air.

I subsequently prolonged the incisions downwards, and introduced the tracheotomy tube, which now worked quite satisfactorily.

The tube having been tied in the usual way, and the patient comfortably propped up in the large arm chair in which the operation was performed, he fell into a sound and natural sleep for more than seven hours; this was the first good sleep he had had since the receipt of the injury.

Up to this time indeed he had never been asleep for more than five minutes at one time, and very seldom even for this short period.

On the morning of the 21st he felt, comparatively speaking, very well. Respiration was performed with perfect ease, the fear of impending dissolution no longer oppressed him, and he was able to partake freely of food and stimulants. Nevertheless, there was an evident tendency towards sinking, the pulse did not respond to the stimulants which were administered with the utmost liberality. He slept a great deal, and was frequently suffused with a cold sweat.

This critical condition, lasted for two days, after which he gradually recovered his strength. The emphysema disappeared and the neck and face resumed their normal appearance. On Saturday June 29th, I removed the tube, and stitched up the wound with metallic sutures. Since then the patient has been working in his harvest field, and when last seen (a week ago) was in perfect health.

Fracture of the cartilages of the larynx is extremely rare, still a few well authenticated cases have been recorded by M. M. Sodoly, Oliver, Margolin, Plenck, Morgagni, Remer, and Dr. Frank H. Hamilton of New York.

In all these cases the effects of the injury were either so slight as to require no surgical interference or else so serious as to be fatal.

Dr. Hamilton's case is, so far as I am aware, the only one in which tracheotomy was performed; in this and in several other respects the most striking resemblance will be observed between that case and the one I have just described.

The principal difference between the two cases consists in the fact that Dr. Hamilton's case died of exhaustion seventy-two hours after this accident, and thirty-four after the operation. (Hamilton on Fractures and Dislocations, page 135.)

Kingston, August, 1865.

A case of *Perineal Thrombus, following labour.* By DEWITT H. MARTYN, M.D., University of Toronto.

I am induced to publish the following case, because I believe it to be of very rare occurrence; I have been engaged in an active country practice for five years, and this is the first case of the kind with which I have met; I have never heard of one, nor can I find any account of such a case in any of the medical works to which I have access.

On Sunday, the 16th of July, 1865, I was called to visit Mrs. J. McT., about ten miles from town: I arrived there about one o'clock, p.m., and found her suffering intensely from pain which she referred to the perineum. The history which I received of the case was as follows: She had been delivered of a healthy male child, at about 4 o'clock, a.m., after, as the old women said who had been with her, a very fair average labour of about five hours' duration, though she had been suffering from slight labour pains for a couple of days before. About twenty minutes or half an hour after the completion of the labour, she complained of very severe, sharp pain in the perineum, about midway between the anus and fourchette of the labii pudendi and immediately to the left of the medial line; upon feeling with her hand, a small, sound tumour was found in this locality, about the size, when first observed, of a robin's egg; this swelling rapidly increased in size, and the pain in intensity. Upon making an examination, soon after my arrival, I found the swelling as large, I should think, as the head of the child, occupying the whole of the left labium, as high, nearly, as the pubis, closing the vagina and anus, and forcing the left wall of the vagina over against the right wall of the pelvis; I could not reach past the tumour either per vaginam or per anum; per anum a small artery could be felt pulsating across the tumour; the pain had somewhat subsided, and the tumour was not swelling so rapidly as it had done; the woman had made water plentifully, but with considerable difficulty owing to the pressure of the tumour on the urethra.

As I had never heard of or seen a similar post-partum occurrence, I deemed it advisable to have another opinion, and therefore at once despatched a messenger to Kincardine for Dr. H. M. Ross; giving the patient in the meantime, pretty free doses of Dover's powder and acetate of lead, for the purpose of relieving the pain, and because I suspected that the tumour arose from extravasated blood.

By the time of Dr. R's arrival (whom I found quite as ignorant on the subject as myself), the swelling had, by its colour, &c., clearly declared itself to be the result of extravasated blood. We did not deem

it advisable to open the tumour at that time lest we should renew the bleeding, for the swelling had now ceased to increase; we therefore applied pressure, by means of the T bandage, with astringent lotions, and cold applications, giving at the same time Dover's powder with acetate of lead. With the exception of the tumour, the woman was in as good health as could be expected or wished for under the circumstances.

On Wednesday, the 19th, Dr. R. and myself again visited Mrs. McT. and found the tumour somewhat smaller than when we left on Sunday. We decided that it should be opened, and I accordingly opened it by means of a sharp pointed curved bistoury, making a cut between four and five inches in length, over the most prominent part of the swelling: the sensibility of the skin was so completely destroyed that the patient did not feel the knife at all, except when dividing about one half an inch at one extremity of the cut; and where I first entered the instrument there appeared to be no more than the cuticle between my hand and the clot, which was found very firm. A probe, being introduced through the clot, from about the middle of the cut towards the centre of the upper strait of the pelvis, passed freely up for about five inches, and latterally it passed about two to three inches, which will give some idea of the enormous size of the tumour.

No further local treatment was necessary, except warm water dressings and poultices, and the woman's general health was so good that systemic treatment was quite needless.

I have heard from the patient frequently since, the last time being August 29th, and she has been steadily progressing towards a cure. The wound is now very nearly healed. There has been no bleeding, nor, so far as I can learn, a single bad symptom.

The woman's age is about twenty-four; this was her first pregnancy, and a head presentation.

I think there can be no reasonable doubt that this tumour was the result of the rupture of one or more of the small vessels forming the vaginal plexus of veins, but what may have been the cause of this rupture does not seem, to my mind, quite so clear; my opinion is, that it was caused by the pressure of the child's head on a, perhaps, already weakened vein.

Kincardine, County of Bruce, August 30th, 1865.

A simple mode of examining the Fundus Oculi. By A. M. ROSEBURGH, M.D., Toronto, C. W.

I find that the fundus of the eye can be examined without the mirror of the ophthalmoscope as follows: The lamp is placed on a table in a darkened room. The patient is seated on a chair two or three feet from the table, and facing the light. The chair of the observer is placed with the back against the table and between the patient and the lamp. When the surgeon is seated, the lamp should be immediately behind the right shoulder and very nearly on a level with the eye. By now bringing the right eye in a line with the lamp and the eye of the patient, but so as not to shade it, if the pupil had been previously dilated with atropine—the fundus is seen to be illuminated. In order to see the details of the posterior internal surface of the eye, a lens of about two inches focus is placed within an inch or two inches of the eye under examination. An inverted image of the fundus can now be seen forming an aerial image about two inches in front of the lens.

The optic nerve entrance and the radiations of the retinal vessels can be seen by directing the patient to look at the light or two or three inches farther from the surgeon's eye, but in the same horizontal line.

Toronto, September 1st, 1865.

HOSPITAL REPORTS.

Two cases of Epilepsy; occurring at the Montreal Dispensary. Under care of Dr. FRANCIS W. CAMPBELL.

W. D——, a youth of 17 years, presented himself at the Montreal Dispensary, on the 2nd of May, 1865, stating that he was the subject of epileptic fits. For several years he was addicted to the vice of masturbation, but for a year past he asserts he had given it over. He has a low forehead, and a very dogged expression. The fits first came on about four years ago—appearing once in three weeks. He several times sought medical treatment, but he continued to grow worse. About six months ago—they attacked him once every four days; and so continued up till the day he presented himself at the Dispensary. I ordered him to take a tablespoonful of the following mixture three times daily ℞ zinci sulph gr viii fld ext. belladonna ʒ ii aquae ad ℥ viii.

May 15th. Fits have occurred with the same frequency, and had one to-day—also complaining of feeling dull and stupid. I stopped the sul-

phate of zinc and belladonna, and ordered him a mixture containing in each dose, four grains of the bromide of potassium. This he was to take four times a day.

May 22nd. Patient returned to Dispensary to-day feeling and looking somewhat better. State that he has not had any fits since the 14th. Yesterday about noon he felt as if he would be attacked, but it passed away.

May 30th. Had a very slight fit this noon, being the first since the 14th; did not feel nearly so dull and sleepy after it as usual; still to continue the bromide of potassium. Ordered six grains four times a day.

June 19th. The patient reports to day that he had a slight fit yesterday afternoon, and one this morning—but is confident he is improving. The people he lives with, says when he took the fit yesterday that he was hardly convulsed at all.

July 31st. Since the date of last note the patient has presented himself several times at the Dispensary—each time with a more favourable report. He has improved greatly in appearance—eyes brighter and expressive not so downcast, as when first seen on the 2nd of May. He has not had a fit since the 19th of June—a period of forty-two days. He was to leave Montreal the same afternoon for New York in search of employment. I accordingly gave him the prescription, increasing the bromide of potassium to eight grains four times a day. From this date, of course, I had lost all trace of my patient.

Susan Tucker, aged 23—a tall girl—of a somewhat nervous temperament came to the Dispensary on the 10th May, 1865. The symptoms described by herself and a friend who accompanied her, were those of epilepsy. None of her family were subject to it. She was attacked with the first fit quite suddenly about a year and a half previous to date, it being very severe. Eight months elapsed ere another occurred, when they came on very frequently, sometimes having as many as seven in one day. She sought relief from a physician in the city, and received much benefit from treatment. On the 24th of April, 1865, she was married to a soldier, not having had any relapse for five months—but the day after her marriage, had a fit—and one, sometimes two daily—till her application at the Dispensary. Believing the cause to be uterine, I gave her some advice, and prescribed the following mixture: ℞ zinci sulph gr viii fld ext. belladonna ʒ ii aquæ ad ℥ viii. Take a tablespoonful three times a day.

May 22nd. She returned to-day. Has not had any attack since the 13th. Had one also on the 11th.

June 7th. Reported at the Dispensary to-day that there has not been any return of the attacks.

August 12th. Met the patient in the street to-day. Still remains quite well. These two brief hospital reports are interesting, as showing the results of two opposite modes of treating the same disease. Had the cause of the attacks in the latter case been as obscure as it usually is, I am doubtful if the zinc and belladonna would have suited. My experience—not alone personal, of the benefits from these drugs—in epilepsy—is not of the most favourable kind. I may observe that both patients when first attacked had distinct premonitions of an attack—but in a brief period it ceased to appear, and the patient suddenly and without warning became unconscious.

Case of Clonic Convulsions. Reported by JOHN BELL, M.A. Acting assistant house Surgeon and Apothecary to the Montreal General Hospital.

Charles Allen, a barber, aged 19, a native of New York, was admitted into the Montreal General Hospital under care of Dr. Scott, on the 14th August, 1865, while suffering from severe epileptiform convulsions. When he entered the Hospital he was in a state of complete insensibility, breathing laboriously but not stertorously. Pupils much contracted. While waiting to be sent up to his ward, he was seized with a violent convulsion which affected both sides of the body symmetrically, and threw the whole of the muscles of the face, including those of the eyelids, into violent jerking spasms. The man who brought him stated this to be the sixteenth fit he had within the last three hours, the first one occurring at 2 a.m., when the patient was seen by Dr. F. W. Campbell. Between the convulsions he lay still and insensible, with the exception of a jerking motion of the eyelids. At half past six a.m., when he entered the hospital, ol tiglii gtt. ij, calomel gr v, were administered, and sinapisms were applied to his feet and legs. A catheter was at the same time introduced and a small quantity of urine drawn off, which, on examination, proved to be highly albuminous. At half past eight, two enemata were given within a short time of each other, the first consisting of ol ricini, ol terebinthinæ and gruel, the second of soap and water. At half past ten he was bled by Dr. Drake to 16 oz. At four p.m., the oil and injections not having operated, a full drachm of pulv jalapæ co. was exhibited with the desired effect, and his bowels afterwards remained in a soluble state. On Monday and Tuesday, cold water was kept applied to his head day and night. On Monday night his urine was removed with a catheter, but afterwards he did not require this aid. Before he was bled he went from one fit immediately into another. The bleeding, however, restored

consciousness to such a degree that he could speak intelligibly. It also checked the convulsions, as the patient had but two afterwards, one at noon and the other 7 p.m., of the same day, and these were of but short duration. During Monday he remained also motionless, and could be made to answer questions but with the greatest difficulty, and then only in monosyllables. In the evening he took some beef-tea. On Tuesday he was very restless, kicking his legs about and moving his body while his head remained still. He was however less feverish, and more conscious as he replied to questions without much rousing, and appeared greatly annoyed if disturbed. His urine is now but slightly albuminous. Wednesday; urine quite free from albumen.

The patient is a mulatto about 5 feet 6 inches in height and of good physical development, with negro features well marked. He was born at Lockport, and lived there until he went to Simcoe, a year ago, where he kept a barber's shop. He has always been very healthy with the exception of an attack of typhoid fever when thirteen years of age. He has never indulged to excess, either in brewed or distilled liquors, nor has he ever received any injury. Previously to his present attack he never had any fits. From Simcoe, he went to Hamilton, where he remained the greater part of this summer as a barber. He left this latter place, he thinks, a week ago, and went to Port Hope as bone player to a strolling musician. He remembers having played in five places at Port Hope, but cannot remember how long he was there. The next circumstance he remembers is having wakened up in this hospital on the morning of Wednesday, the 16th. He then complained chiefly of his tongue, which was swollen and painful from his having bitten it during the convulsions.

His convalescence was very rapid, as he was discharged at his own request on the 18th, perfectly cured.

The chief points of interest in this case are:—1st. That the man had never previously suffered from convulsions. 2ndly. That the convulsions supervened without any assignable cause. 3rdly. That during the height of the convulsions the urine was observed to be highly albuminous and diminished in quantity.

Case of Embolism—Paralysis of Left Side. Reported by HERBERT S. TEW, M.D., Assistant House Surgeon Montreal General Hospital.

John Wright, aged 36 years, a native of Scotland, was admitted into Hospital, under the care of Dr. Fenwick, on 20th July, 1865, suffering from symptoms of fever of a continued type. He was a farmer, and had resided in an agueish district in Upper Canada, and had suffered from attacks of ague some years past.

Upon examination, the spleen was found considerably enlarged, in fact presented the condition known as ague cake. Quinine was prescribed, and aperients occasionally, as the bowels were exceedingly sluggish. The case progressed favourably, and he was, to all appearance, improving. The spleen gradually lessened in size. On the morning of the 29th, while lifting the bottle of medicine from his table, the glass fell from his hand, and he rolled on the floor, although he did not lose consciousness.

The poor fellow had to be lifted into bed, when it was found that he had lost all power of the left side. At the hour of visit it was noticed the features were drawn to the right side; there was inability to close the left eye, and, when the tongue was protruded, it was pushed over towards the left. There was total loss of motion of both left arm and leg, but sensation was hardly, if at all, effected. The bowels were still rather sluggish, and two drops of croton oil were ordered to be given immediately, to be followed by calomel and antimonial powder every fourth hour. A blister was applied to the nape of the neck, extending down between the shoulders. The pulse was rather full, but soft. There was no headache, dizziness, nor rigidity of the muscles; no spasms—but he complained of difficulty in swallowing, and his articulation was rather imperfect. The following morning I examined the heart, when a loud systolic bruit was heard towards the left side, near the apex of the heart. The patient then mentioned for the first time that he had suffered from rheumatism some years ago, and had occasionally since been troubled with palpitation of the heart. The case was diagnosed to be embolism produced by the detachment of a fibrous concretion or warty excrescence from the mitral valves as there was evident disease of old standing of this valve. The concretion had apparently separated, and had been carried on in the current of blood, and blocked up some vessel on the right side of the brain, occasioning the symptoms observed. The medicine was continued until the gums were slightly touched, when it was omitted; the treatment subsequently consisting of nourishment and mild aperients when found necessary. He continued much in the same state, with the exception that he regained the power of closing his eye; swallowing and speech were improved; but the extremities were in no way changed. He slept tolerably well, took nourishment, and was more cheerful, though he had repeated hallucinations, especially at night, on which occasions he was troublesome, requiring to be watched, otherwise he would make attempts to leave his bed, declaring his desire to go home. On the evening of the 27th July he had a fainting fit, which lasted only a few moments. The countenance was blanched; there was slight rigidity of the affected extremities; pulse 120; consciousness was

retained; he answered questions, but complained of a feeling of great prostration. He died apparently in a fainting fit on the following morning, 28th July, one month from the first seizure.

AUTOPSY.—On removing calvarium, the sinuses were found tolerably full of blood. The dura-mater otherwise healthy, not very adherent. The brain was then removed, the vertebral arteries, and the whole of the vessels forming the "Circle of Willis" were gorged with blood. Those on right side of brain were considerably enlarged, especially the branches of the middle cerebral artery. In this artery a considerable enlargement was seen very firm to touch, and proving on examination to consist of a fibrinous clot perfectly white filling up the entire calibre of the artery. Many similar enlargements were noticed in the vessels on the left side; these on inspection were found to contain clots, and obstructed the artery, but containing more colouring matter of the blood, and evidently of more recent formation than the first named.

SECTION OF THE BRAIN.—On exposing the lateral ventricles in the usual way, the right corpus striatum was found of a yellowish colour much softened through its entire substance. In the anterior part of the corpus striatum, the softened matter which surrounded it was of a more pinkish hue. The thalamus of the same side appeared tolerably healthy as did the rest of the brain; the cerebral substance was not more vascular than usual, although on the surface a small quantity of serum of a yellowish opaque colour was seen beneath the arachnoid. The softened matter examined by the microscope was found to consist of fat granules, and exudation cells containing fat granules, and mingled with the debris of broken down cerebral matter.

The heart was firmly contracted, the left ventricle was normal as to size perhaps a little enlarged, having the appearance of concentric hypertrophy. The aortic, tricuspid and pulmonary valves healthy. A considerable patch of atheroma on arch of aorta. The mitral valves were greatly diseased, they were covered with cretaceous deposits; viscera of abdomen were not examined.

REVIEWS AND NOTICES OF BOOKS.

A System of Surgery, Pathological, Diagnostic, Therapeutic, and Operative. By SAMUEL D. GROSS, M.D.; Professor of Surgery in the Jefferson Medical College of Philadelphia. Illustrated by over thirteen hundred engravings. Third edition, much enlarged and carefully revised; 2 volumes. Philadelphia: Blanchard and Lea, 1865. Montreal: Dawson Brothers.

This work has been on our table for some three months, and our apparent neglect in not having noticed it, was due to a desire on our part to examine the two volumes with all the care that the time at our command would permit. We have now done so—and although the examination has not been thorough and complete—it has been sufficient to give us a fair idea of the utility of the work, as a book of reference for the medical man, as well as a text book for students. We have compared it with most of our standard works such as those of Erichsen, Miller, Ferguson, Syme, and others, and we must, in justice to our author, award it the pre-eminence. As a work—complete in almost every detail—no matter how minute or trifling, and embracing every subject known in the principle and practice of surgery, we believe it stands without a rival. Dr. Gross, in his preface, remarks "my aim has been to embrace the whole domain of surgery, and to allot to every subject its legitimate claim to notice," and we assure our readers he has kept his word; for even the smaller surgical diseases—which are daily coming under the surgeon's eye, and therefore very important from their frequency—are fully described, under a chapter—not the least interesting in the two volumes –headed "Minor Surgery." Upon the subject of "Excision of Bones and Joints," a question which has excited a good deal of discussion, within the last few years, Dr. Gross remarks that excision for gun shot injuries, has been proved by the experience of the recent war to be only applicable among the larger joints, to the shoulder and elbow. "Performed upon the hip, knee, ankle, and wrist, it is either promptly fatal or so unsatisfactory as to require subsequent amputation." To "Anesthesia" he devotes a chapter of nine pages, and in this comparatively small compass he reviews most thoroughly, and honestly the relative merits of chloroform and ether, and boldly declares himself in favour of the former. This is a bold stand for an American author, for we believe chloroform is not used in one case in a hundred in the United States when anesthesia is to be produced. Our author says, "I have, myself, always preferred chloroform, believing it to possess decided

advantages over ether, although its administration unquestionably requires greater care and attention. Among the more important of these advantages are, first, the more rapid manifestations of the anesthetic action of the remedy, the system becoming affected much sooner as a general rule, than it does by ether; secondly, a smaller amount of laryngeal and bronchial irritation; thirdly, the more easy maintenance of the anesthetic influence after the system has once been fairly affected; and lastly, the less liability to causing vomiting and other unpleasant consequences." The danger, from its administration is believed by Dr. Gross to be small provided it is given with care and caution. He says "although I have now given choloroform in several thousand cases, for the most trivial, as well as for the most severe and protracted operations, no death has occurred in my hands; and in the only two instances where I felt any serious alarm, the danger was occasioned, not by any fault of the article itself, but by its injudicious administration.

In addition to great caution, Dr. Gross believes that pure chloroform is an essential, as to safety. With regard to its mode of administration he prefers a napkin folded in the form of a cone, a method which has been followed ever since the discovery of chloroform with happily very great success in the Montreal General Hospital. Among the precautions he gives previous to its being inhaled, we extract the following: "An empty state of the stomach is desirable first, because if given soon after a meal it causes vomiting, and secondly, a crowded condition of that organ materially interferes with the movements of the diaphragm. Food must not be taken for at least four hours before the inhalation. When the patient is feeble, or pale, or timid, it would be advisable to give him immediately before the operation, from half an ounce to an ounce of brandy, and the dose may be afterward repeated if the effect is to be maintained for an unusual length of time."

Dr. Gross strongly insists upon one person being appointed at the operation, who will unceasingly watch the patient during the inhalation of the chloroform. This suggestion we most heartily endorse, for we have again and again seen the attention of every one—not excluding the one giving the chloroform—so entirely given to the operation itself, that any sudden change in the condition of the patient could not possibly have been detected in time to have been of avail. The author also advises anesthetics never to be given to females, except in presence of witnesses; for cases, well known to the profession, admonish us that no one's character is safe, there being many instances to show that when under both chloroform and ether, sexual ideas predominate in the brain.

On the subject of the radical cure of hydrocele, Dr. Gross expresses a most

decided preference to throwing into the sac several ounces of a weak solution of tincture of iodine—and removing it as soon as it causes pain—instead of the plan followed by many of injecting from two to three drachms of the strong tincture, and allowing it to remain. We are of course not prepared to call in question so high an authority—but we must record our experience as being in favour of the latter method. Dr. Gross says: "During the last four years I have effected a number of rapid and excellent cures of hydrocele, both in adults and in children, by laying open the vaginal tunic with a small incision; and after all the fluid had been discharged, *mopping* the sac freely with equal parts of tincture of iodine and alcohol or iodine variously diluted. In no instance has any unpleasant symptoms followed the procedure. One more extract, and we will conclude. Upon the treatment of gonorrhoea, there is at the present day a great diversity of opinion—and we fancy we notice a decided leaning towards the adoption of what is generally termed the abortive treatment. From experience, and it has not been a very limited one, we look upon this plan as one to be frowned down, as it entails, almost invariably, consequences so disastrous as to throw entirely into the shade the original complaint. After alluding to this plan, Dr. Gross says, "I allude to these two modest (the French ectroted and the English abortive) of practice, simply for the purpose of condemning them, being satisfied from ample experience, that though they may sometimes succeed—yet in general they either completely fail, or, what is worse, only aggravate existing trouble, increasing the discharge, pain, and scalding of the urethra,—protracting the attack—and endangering the epydidymis and testicle."

The first volume consists of 1049 pages, and the second volume of 1086 pages. It is illustrated by over thirteen hundred illustrations, and beautifully printed, and substantially bound. It is a work which we can most confidentially recommend to our brethren—for its utility is becoming the more evident, the longer it is upon the shelves of our library.

REPORT OF THE PROCEEDINGS OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

Custom, no less than law, renders a report of the proceedings of the College of Physicians and Surgeons of Lower Canada necessary; and the retiring officers have the honor therefore to lay before its members, the following details of its doings for the past three years for their information, being the sixth Triennial Report.

At the meeting held at Melbourne, E. T., on the 9th July, 1862, thirty-six (36) members of the College were present, representing seven

teen (17) proxies, composing in all fifty-three (53) votes; when the following was the result of the election for the current three years, of the

BOARD OF GOVERNORS.

For the city of Quebec—Drs. R. H. Russell, William Marsden, J. G. Fremont, O. Robitaille, J. E. J. Landry, P. O. Tessier, H. Blanchet, A. Jackson.

For the District of Quebec.—Drs. A. Von Iffland, L. Tetu, Jos. Marmet, E. Boudreau, A. T. Michaud, William W. Forrest, T. Charest.

For the City of Montreal.—Drs. H. T. Peltier, T. W. Jones, P. A. C. Munro, W. E. Scott, Louis Boyer, William Sutherland, E. Robillard, R. P. Howard.

For the District of Montreal.—Drs. C. Smallwood, R. C. Weilbrenner, Joseph S. Brigham, F. Z. Tassé, Joseph Chamberlin, M. Turcot, S. S. Foster.

For the District of St. Francis.—Drs. M. S. Glines, F. G. Gilbert, J. B. Johnson.

For the District of Three Rivers.—Drs. A. G. Fenwick, Joseph Smith, and Edouard Chevrefils.

On the result of the ballot being declared, the public meeting adjourned; and the newly elected Governors met to elect their officers. Dr. Hall, the late president, having returned thanks in a neat and appropriate speech, acknowledged the uniform and cordial support which the college had ever extended to him in the chair, and claimed the same for his successor. He called Dr. R. H. Russell to the chair *pro tem*, and proceeded to elect a president, when there being a large majority of votes in favor of Dr. Marsden, that gentleman was declared to be duly elected president and took the chair; Dr. Von Iffland was also elected vice-president for the District of Quebec for the second time by a large majority of votes. The vote for vice-president for the District of Montreal was equal between Drs. Munro, Scott, and Sutherland, when the president being called upon to give his casting vote decided in favour of Dr. Sutherland, who however declined the honour; whereupon the President refused to exercise his privilege a second time, and called upon the meeting for a new ballot, which resulted in the election of Dr. Scott, for vice-president for the District of Montreal.

Dr. R. H. Russell was elected secretary for Quebec, and Dr. H. T. Peltier re-elected secretary for the fourth time for Montreal.

Dr. T. W. Jones was unanimously re-elected registrar and treasurer, also for the fourth time.

At the semi-annual meeting of the college held in Quebec, on the 14th October, 1862, after the minutes of the triennial meeting of the 9th July last had been corrected and adopted, Dr. Russell, the secretary for Quebec, called the attention of the Board of Governors to the fact, that among the candidates for examination for license to practice, there were several who could not produce certificates that they had pursued their studies uninterruptedly during a period of four years, as required by law; when it was unanimously resolved on motion; "That a special certificate

shall be exacted from all candidates for license, shewing that the four years of uninterrupted study required by law has been completed, the certificate to be signed by the secretary of the school or institution where the candidate has studied; provided always, that such as commence their studies from this date, shall be held to produce a regular indenture (*Brevet*) in conformity with the statute; the resolution of the board passed on the 10th May, 1853, to the contrary notwithstanding, it being illegal.

An address of condolence to Her Most Gracious Majesty the Queen on the occasion of the sudden and unexpected decease of His Royal Highness Prince Albert, eminent alike in the position he assumed in the advancement of the arts and the promotion of science, was adopted at the last meeting of the college before the election of the present governors; and was transmitted through His Excellency the Governor General to Her Majesty. On the 31st of July following, a gracious reply was received stating that "Her Majesty derived much satisfaction from the expression of sympathy and attachment to Her Throne and person contained in the address."

At the first semi-annual meeting of the board of governors, the president refused to sign the licences of chemists, druggists and apothecaries, alleging that he had taken a legal opinion on the subject, and that the college had no legal control over that class of persons, and his signing would consequently be an illegal act, and lead to endless confusion; when it was resolved "that the president, vice presidents and Secretaries do form a committee, to frame additions and amendments to the by-laws, rules and regulations, to be submitted for approval at the next triennial meeting; and to revise and consolidate them; and to consult counsel if necessary, in order to ascertain the legal position of chemists, druggists and apothecaries.

The result of that opinion was, that the college had no legal control whatever over apothecaries, and that the licenses granted to them were of no more value than so much waste paper; no by-law having been adopted by the college to regulate the study of pharmacy; and the Act 12 Vic. Chap. 52, not having repealed so much of the Ordnance Geo. 3, Chap. 28, as related to apothecaries, the college had therefore no power either to examine or license them. Under these circumstances the president applied for, and obtained from the executive, a commission appointing the Board of Governors the examining board *quoad* apothecaries, dated 5th September, 1863, until the act could be amended; and by his continued and persevering efforts, a bill was passed through the Legislature which repealed, Chap. 71, Sec. 16, of the Consolidated Statutes for Lower Canada, and legalized the licences to sell and distribute medicines by retail in Lower Canada, which had been granted in ignorance of the law by the Provincial Medical Board, and which also brought the chemists, druggists and apothecaries under the legal control of the college.

The college has to acknowledge its obligations to F. Z. Tassé, M.P.P., one of the governors of the college, for his valuable aid in carrying through that bill.

It may not be out of place to inform the college that in consequence of the chemists, druggists and apothecaries not being incorporated with the College of Physicians and Surgeons, as originally intended, by the framers of the Act of Incorporation, a by-law to regulate the study of pharmacy was not adopted at that time; but as the Act just referred to, now brings them under the control of the college, a by-law has been prepared for your consideration which is embodied among the codified by-laws herewith submitted for your approval. A by-law has also been prepared to enforce systematic enregistration, for which the Act of Incorporation provides; and which is absolutely necessary to protect the public from the encroachments of unlicensed practitioners.

It is proper to call the attention of the college to the fact, that the by-law affecting persons possessing medical degrees or diplomas obtained in "Universities or Colleges in Her Majesty's dominions," and entitled to license without examination, is illegal, and requires amendment; as no By-law can have the force of law, that is not in exact conformity with the act itself. It will be seen by a reference to the minutes of the proceedings of the college of the 10th October, 1848, that Dr. Arnoldi, then president of the college, laid before the meeting a letter received from the provincial secretary on this very subject, informing him "that the by-laws would be sanctioned by His Excellency the Governor General, "*if three clauses contrary to the Act and illegal were struck out;*" one of which was the clause in question. The other two clauses referred to, were struck out, but strange to say, this one was allowed to stand, notwithstanding its illegality, and the by-laws are sanctioned in these ambiguous terms "I have perused and examined the by-laws hereunto affixed, and the "same as *far as I lawfully may*, I do by these presents approve and allow." Some misunderstanding having occurred in reference to the fees attached to the office of registrar and treasurer, a committee composed of Drs. Chamberlain and Smallwood, was named to investigate the matter, and resulted in establishing the fact that, that officer was not sufficiently paid; and recommending that in future the treasurer receive two shillings and sixpence as registration fee, as prescribed by the by-law; and that he should be further allowed as much as would be required to complete the sum of fifty dollars annually, from the funds of the College; if the Registration fees do not amount to that figure; and, if on the other hand they exceed that sum, the surplus to be placed to the credit of the college; which motion was adopted.

The president called the attention of the college to the fact, that the law contemplates and provides for the keeping of two separate sets of accounts having distinct and specific objects; and, that only one common account has hitherto been kept. A committee was therefore named to examine and report; and it was thereafter resolved, that in future, the funds of the college shall be kept in two separate accounts, the one formed of all sums accruing from candidates' licenses, which shall go towards paying the travelling expenses of governors of the college during the semi-annual meetings as far as it will go; and the other from all other sources whatsoever, to form the general fund of the college for all purposes connected with its management, &c.

Among the subjects that have engaged the attention of the college, is one for the formation of a medical relief fund; and another, for the formation of fellowship, or for the conferring of honorary degrees; reports on each of which will be laid before you.

Among the most important matters that have engaged the attention of the college, is one suggesting the changing the system of examinations of candidates for the practice of medicine; of which, past experience has demonstrated the absolute necessity. The following is the plan suggested:—

"That in future the examinations for the licenses of the College of Physicians and Surgeons of Lower Canada shall be conducted in writing, and to that end, three governors shall be nominated, at the first regular meeting after the triennial meetings, examiners on each of the following subjects, a different three for each subject; viz.—Anatomy, Chemistry, Materia Medica, Institutes of Medicine, Theory and Practice of Medicine, Surgery and Midwifery. And two governors shall be nominated examiners, a different two on each subject, on Medical Jurisprudence and Botany. That three questions upon each of the subjects shall be proposed to each candidate, except in case of medical jurisprudence and botany, upon each of which, two questions shall be sufficient. Three hours shall be allowed for the written examination."

"The examiners shall have the option of interrogating the candidates upon their written answers, when it may be thought necessary."

"The candidates shall attach a motto instead of their real name."

"The proposed change will be submitted for the consideration of the new board of governors, and will, if adopted, save much valuable time both to the examiners and the candidates, besides forming a more reliable and honorable test of qualification. The time thus saved to the examiner could be more profitably devoted to the general affairs of the college, which under the present imperfect system, are too often carried through in a very imperfect manner, or postponed from time to time,—or left to be performed by a very small meeting.

A bill, which your president was requested to watch in its progress through Parliament, passed the Legislature in 1863, authorizing Elijah Rowell and Thomas Merrill Prime to present themselves before the board of examiners of the College of Physicians and Surgeons of Lower Canada, "without any further course of study, for examination, and license." The former presented himself at the May meeting of 1864, and the latter at that of 1865. Both were examined and found qualified, and received their licenses accordingly.

Repeated attempts have been made by the college to suppress quackery by prosecutions against persons practising medicine without license, but they have always hitherto resulted in defeat and cost to the college; but it is satisfactory to say, that it has at length succeeded in obtaining a conviction with costs, against one Ouellet, who was practising without license at Lotbinière. The amount of the fine, £5, has been paid into the funds of the college by the president. The cause of failure in the former instances is entirely attributable to the want of sufficient legal evidence; and the board is of opinion, that if proper evidence had been

produced, that is, two witnesses to the same fact, conviction would have followed all these actions. In this case, the president refused to give the authority of the college with which he was invested for the purpose of prosecuting in its name, until he had been furnished with a copy of the evidence to be produced; and the Board respectfully recommends that a similar course be adopted in like cases when they occur.

The last triennial report alludes to the misinterpretation of the law in reference to the validity of your licenses " ad practicandum " in Upper Canada; and contains some strictures upon the action of the attorneys general, West and East, and the result of the correspondence of the college with these honourable gentlemen is summed up thus: " These officers did not feel themselves bound either to prosecute for, or give opinions on the construction of the law to corporate bodies, but that they think it the better course to have corporations or individuals to prosecute their own cases, and that if this be done in reference to the disputed point, the courts of law must decide in favour of the value of the college licences, with costs."

The case of Dr. Cruikshank alluded to in that report was not pushed to a final issue, but that of Dr. Shaver resulted in a decision of the Courts of law of Upper Canada, affirming that a license obtained in one province, entitles the bearer to practise in the sister province without examination, under the 4th and 5th Vic. Chap. 41, but subject to the laws to which other practitioners are liable, in the portion of the province in which he shall practice.

Whilst on this subject, it is only just to acknowledge the prompt and willing co-operation, aid and counsel of the law officers of the crown, in all that relates to the affairs of the college during the past three years, through successive and changing administrations; and especially of the Hon. John A. McDonald, the Hon. Mr. Sicotte, the Hon. J. S. McDonald, and the Hon. Messrs. Abbott and Huntingdon.

A strange anomaly exists in the law regulating the practice of medicine, surgery and midwifery that extends through every act regulating the same, and which calls for amendment. By the Act of Incorporation of this College the license of the board of examiners under the by-laws, entitles the bearer to practice physic, surgery and midwifery; whereas the law permits the bearer of a degree or diploma, from universities or colleges, in Her Majesty's dominions, to practice physic, or surgery, or midwifery, and to obtain a license from the board as a general practitioner without examination, which license the board is bound to grant; thus according a higher qualification to the bearer than he possessed in the place where the diploma was granted; and, on easier terms, and with more slender qualifications than are exacted from Canadian students. This state of things is most unsatisfactory, and has repeatedly led to opposite and contradictory results, the college in some cases, having accepted the diploma of the college of Surgeons of Edinburgh, London, or Dublin as a legal qualification, under oath, and in others, refused it; and (although contrary to law,) the candidates, in many such cases, have submitted to examination on the branches of the profession not included in the diploma, and were found to be far below the professional standard of our own students, and were rejected.

A case in point came before the college in May last, that of a gentleman, the bearer of a diploma from the college of Surgeons of Edinburgh, who had practiced medicine successfully, for upwards of a quarter of a century, in the adjoining Province of New Brunswick, and for some time in Upper Canada. That gentleman claimed and demanded his right to a license without examination; and a lengthy correspondence ensued between him and the president on the subject which accompanies this report.

Under the circumstances, the president thought proper to consult counsel, which he did at his personal expense; and the joint opinion of Fred. Andrews, Q.C., and J. B. Parkin, Q.C., Esquires, and gentlemen eminent for their legal acquirements, affirmed, in positive terms, the right of the bearer of the diploma to license without examination. The board, therefore, as on several former occasions, (among which, that of Dr. Blatherwick, a member of the College of Surgeons of London, will be remembered,) granted a license to Dr. Anderson without examination, the oath having been administered by the president in the usual manner in presence of the board.

By reference to the minutes of the tenth of October, 1854, it will be seen that Mr. Jas. Martin presented diplomas from the College of Surgeons of Edinburgh as Doctor in surgery, pharmacy and midwifery, and demanded a license thereon without examination; Mr. B. Cole having done the same, on the 6th May previously: when the board decided unanimously in both cases, that they would require to submit to an examination in medicine only, which they declined to do. On the 8th May, 1855, it having been reported to the college that Messrs. Martin and Cole were practising medicine in Quebec without license it was resolved that "they should both be prosecuted," Dr. Sewell only dissenting. The president in consequence, communicated with Mr. Martin on the subject, and that gentleman, insisting on his right to license without examination, expressed his readiness to defend an amicable action with the college, to test the question of legal right; when, after taking legal advice, it was decided not to take proceedings, as the college must fail in its action. If after these proceedings, and the legal written opinions now before the college, it is of opinion that there is still any doubt upon the subject, it is respectfully suggested to test the question by an amicable action, in the first case that presents itself to the college.

Since the last triennial meeting your board has to lament the loss of three of its active and influential members. The death of Dr. Fremont, of Quebec, a past president and a governor of the college, one of the original members, and that of Dr. Glines, of Compton, E. T., also an intelligent and efficient governor, was announced at the May meeting of 1863. The former died at sea, on board of the mail steamer Bohemian, at the latter end of December 1862, on his passage home from England, where he had been for the benefit of his health; and the latter in the bossom of his family at home, surrounded by mourning friends.

At the last May meeting the sad announcement of the death of teh efficient and popular registrar and treasurer of the college, Dr. T. W. Jones, was made. This gentleman had filled the important and responsible office

of registrar and reasurer of the college during four successive terms, to the entire satisfaction of the college. These gentlemen had been in declining health for some time previous to their decease, but they all literally died in harness, having respectively assisted at the meetings of the college preceding their decease.

Appropriate expressions of regret and condolence were adopted by the college in each case, and copies were transmitted to their respective families. The unavoidable length of this report will not permit any extended notice of the undivided claims of these gentlemen upon the grateful recollection of the college, which will outlive the present generation, and perchance—be kindly remembered by the next.

The vacancy in the board of governors occasioned by the lamented death of Dr. Fremont, was filled by the election of Dr. James A. Sewell, of Quebec; that of Dr. Glines, of Compton, by Dr. E. Worthington of Sherbrooke, E. T., and that of Dr. Jones, by Dr. Smallwood, of Montreal, which latter gentleman's seat for the district of Montreal had become vacant by his removal into the city; and, his place in the district was filled by Dr. Dufresne, of Laprarie. Dr. Johnson, of Sherbrooke, having resigned his seat as a governor of the college, it was accepted in October 1863, and Dr. Hamilton, of Melbourne, was unanimously elected to fill the vacant seat for the unexpired term of office.

It will be seen by a brief retrospect of the proceedings of the college since its foundation, that it has exercised an amount of public and professional usefulness commensurate with the important character of its high and honourable trust. It has unmistakably attained a dignified and permanent existence among the scientific institutions of the country, notwithstanding the numerous attacks upon its management, both open and covert, of the most hostile and factious character that have been made. Among the circumstances that establish this fact, is the large accession of new members that has taken place within the past three years. In the triennial report of 1859 the indifference of the medical profession to avail itself of the advantages of becoming active members of the college is alluded to as follows, "only two new members have enrolled their names among the members during the past three years." During the next triennis, three new members only, (making in all five,) had inscribed their names since the foundation; whereas an accession of twenty one new-members has taken place during the past three years, and a number of candidates await your vote this day for membership.

The annexed table has been prepared to exhibit the comparative results of the examinations of the college during the six triennial periods of its existence; and shows that during the first triennial period from 1849 to 1850, of sixty four (64) persons who presented themselves for examination for the provincial license, thirty-five (35), or more than one-half were remanded to their studies; whereas, during the three years ending 1865, out of sixty-five examined, sixteen (16) only were rejected, or less than one-fourth. By reference to the same table it will also be seen, that the business of the college has been very considerable, and, has progressively increased every year. A mere glance at the figures might discredit this statement without explaining the fact, that of forty-four (44) graduates

or persons who obtained licenses during the first triennial period, a large number were persons who were the bearers of American diplomas, who had been in practice in Lower Canada for a number of years before the 28th July, 1847, *i. e.* before the organization of the college, and, who were entitled to license by applying within a limited time under the provisions of the 14th and 15th Vic. Chap. 15. From the next triennial period however, the increase has been regular and progressive; and a fact worthy of note is, that apothecaries have recognized their changed position under the Act 27th and 28th Vic. Chap. 51. by voluntarily coming before the college for preliminary examination, before the by-law necessary to enforce the same legally, has been adopted.

All that is now required for the public safety in as far as chemists, druggists and apothecaries are concerned, is a "bill to regulate the sale of drugs and poisons," of which the recent deplorable accidents in Quebec and elsewhere have shewn the necessity. A committee has been named by the college to bring the subject before Parliament, and to carry it through the legislature, and no obstacle to the accomplishment of so desirable an object is anticipated.

An invitation to the College to send delegates to the American Medical Association to be held in Boston on the 6th of June last, and two following days, was received by the president, after the May meeting, at too late a period to call the college together under the by-laws to act upon it; and a printed copy of the invitation was therefore sent to each governor with the least possible delay, by the secretaries. Two gentlemen from the District of Montreal only, Drs. Foster and Brigham, accepted the invitation, and were furnished with the necessary credentials, and together with the president attended the meeting; and they have to acknowledge the hospitality, courtesy, and kind attention, not only of the association and medical profession, but of the citizens of Boston also.

By reference to the minutes of the 13th July, 1853, being the triennial meeting, it appears, on motion of Dr. David, seconded by Dr. R. H. Russell, that it was unanimously resolved to accept the invitation of the American Medical Association, to send a delegate, and "the Secretary was instructed to ascertain whether the person so attending, can take his seat as our representative, and that the president elect be the first delegate; and afterwards the delegate be chosen by the board of governors." No further record appears on the minutes on this subject; but, as the delegates who attended the last meeting were permitted to take part in the proceedings of the association, which are of a character calculated to advance the interests of medical science, it is respectfully recommended that this suggestion be acted upon by our successors, and that a delegate be named at the first semi-annual meeting as the next meeting of the Association will be held at Baltimore on the second Tuesday in May next, being the same day as the semi-annual meeting of this College.

The following is a tabular view of the first six triennial meetings of the Board of Governors of the College with the results of the examinations:

Triennis	Phys. & Surg.		Apothe.	Stud. in Med.	Stud. in Pharm.	Total.		
	Adm.	Rej.	Adm Rej	Adm. Rej.	Adm. Rej.	Adm.	Rej.	Total.
1st. 1850	108 44 M. D. Ex. 64	35	4. 0	40. 8	0. 0	152.	43.	195.
2nd. 1853	61 33 M. D. Ex. 28	12	2. 0	60. 10	0. 0	123.	22.	145.
3rd. 1856	67 29 M. D. Ex. 38	7	4. 0	86. 11	0. 0	157.	18.	175.
4th. 1859	78 26 M. D. Ex. 52	9	5. 1	97. 12	0. 0	180.	22.	202.
5th. 1862	81 23 M. D. Ex. 58	7	7. 0	108. 19	0. 0	196.	26.	222.
6th. 1865	107 42 M. D. Ex. 65	16	20. 2	100. 12	4. 2	231.	32.	263.
	502.	86	42. 3	491. 72	4. 2	1039.	163.	1202.

It will be seen that the large number of one thousand two hundred and two (1202) persons have submitted to the requirements of the college, of whom one hundred and sixty three (163) have been rejected during the past eighteen years. Within the past three years, one hundred and seven (107) persons have obtained licences to practice, of whom forty-two (42) were graduates, and entitled to license without examination, and sixteen (16) were rejected.

Within the last three years, twenty-two (22) apothecaries were examined, and two (2) rejected, which is nearly half the whole number that have appeared before the college since its foundation; being forty-three (43) in all. One hundred and twelve (112) candidates for the study of medcine were examined during the same period, of whom twelve (12) were rejected; and six (6) for the study of Pharmacy, of whom two were rejected.

Among the rejected candidates two were rejected twice, and one three times; which contrasts most favourably with the first triennial period, when one was rejected five times; two, four times; two, three times; nine twice; and twenty-one, once.

Much inconvenience having resulted from the circumstance of the president, and registrar and treasurer, being elected from extreme ends

of the province; and especially during the past three years, and inas much as it is required by law, that "the president shall sign all vouchers for the payment of money, and shall inspect and examine the books and accounts" at stated periods, and at any other time "that he may think proper to do so," it is suggested, that these most important interests of the college will be subserved by electing these officers for the future, from the same district, or, in other words, alternately from the districts of Quebec and Montreal.

The report of the last triennial meeting recommends that the future convocations of the college be held alternately in Montreal and Quebec, as being more convenient to a large number of the members in those districts and the subject was agitated at that meeting; and a motion to hold the next meeting at Three Rivers was adopted after considerable discussion; the general opinion of the meeting being, that the independent character of the college would be best maintained, by avoiding the chances of a sectional preponderance at the triennial elections; and that some place remote from the large cities be selected as a sort of neutral ground.

At the last semi-annual meeting of the college its attention was called by the secretary, Dr. Russell, to the want of accommodation and convenience, in the place used as a place for the meetings of the college, in Montreal; which contrasted most unfavourably with the place of meeting in Quebec, where the doors of the Laval University have always been open to the college, and the splendid rooms of that fine institution placed at its disposal free of charge.

It was then suggested that as the funds of the college were ample, a more convenient place for its future meetings should be procured in Montreal; and a vote of thanks to the authorities of the Laval University, was carried by acclamation.

The secretary, having communicated the same to the Reverend Principal of the University, it elicited the following gracious reply:

LAVAL UNIVERSITY, QUEBEC, 14TH JUNE, 1865.

R. H. Russell, M.D.

Secretary, College of Physicians and Surgeons, Lower Canada.

DEAR SIR,

Yesterday evening was held the first meeting of the Council of the Laval University, since the receipt of your letter of the 20th May, in which you transmit a copy of a resolution of the College of Physicians and Surgeons of Lower Canada, thanking the authorities of the Laval University for having provided apartments for the College of Physicians and Surgeons during the past few years. The members of the Council of the University are grateful for this expression of the feeling of the College, and will always be happy to render any assistance to an institution so honourable and so devoted, as the Colleges of Physicians and Surgeons of Lower Canada.

Accept, Mr. Secretary, the assurance of my distinguished consideration.

(Signed), "E. A. TASCHEREAU, *Priest.*
R. U. L.

Discordant subjects have occasionally agitated the board during the past three years, probably owing to the rigid interpretation of the law by

the president; but the good feeling and good sense of the members have on all occasions prevailed, and ultimate acquiescence in his decisions have been the happy result.

The importance of the various matters treated of in this report must be the apology for its great length; the whole being nevertheless respectfully submitted.

Three Rivers, 12th July, 1865.

W. MARSDEN, M.D.,
President.

R. H. RUSSELL, M.D., Ed.,
Secretary for the District of Quebec.

HECTOR PELTIER, M.D., Ed.,
Secretary for the District of Montreal.

PERISCOPIC DEPARTMENT.

Surgery.

ANEURISM OF COMMON FEMORAL ARTERY—LIGATURE OF EXTERNAL ILIAC—RECOVERY.

Under the care of Mr. FERGUSSON, King's College Hospital.

W. B., aged 39, was admitted into King's College Hospital on May 5, 1865, with an aneurism of the right common femoral artery. States that on the 21st of February last, when lifting a heavy plank of wood, he felt a sudden, sharp pain in the right groin, at the same time experiencing complete loss of muscular power, and a peculiar sensation of cramp accross the lower part of the belly and loins. During the following week he felt slight pricking pain in the site of the present tumour, and at the end of that time he noticed there, for the first time, a small swelling, a little larger than a pea, which throbbed. An ordinary hernia truss was applied without benefit, the tumour gradually and slowly increasing in size.

On the 12th of April he was admitted into King's College Hospital, digital pressure having been applied for the last five days, the tumour, however, suffering no permanent diminution in size on cessation of the pressure.

For a few days immediately before his admission into Woolwich Hospital the tumour increased in size rapidly beyond the fold of the groin.

On admission there was a firm pulsating tumour, as large as a small orange (three inches accross, vertically and transversely) in the right groin, its vertical axis corresponding with the position of the common

femoral artery. Poupart's ligament could be felt passing under the upper part of the tumour. The tumour expanded uniformly, and communicated a thrill to the fingers with each pulsation, the successive dilations being synchronous with the beats of the pulse at the wrist. The tumour was tolerably firm, as if its walls were thick, and could be completely emptied by pressure with the fingers.

May 8th.—A slight increase in the size of the tumour since admission is observable.

10th.—Operation under chloroform. An incision was made about four inches long, an inch above Poupart's ligament, nearly parallel with it, the scalpel being carried outwards from a point half an inch external to the external abdominal ring. The tissues superficial to the tendon of the external oblique being first divided, an incision was now made through the tendon of the external oblique muscle; then the fibres of the internal oblique and transversalis fascia were cautiously divided, so as to expose the transversalis fascia; this structure was scratched through with the finger nail, and the opening made dilated with the fingers. The peritoneum was now carefully stripped from the fascia iliaca and held back by a small wooden "butter pat" with a fluted surface, and the vessels being now exposed, the needle was passed from within outwards and the vessel secured by a ligature. Pulsation in the aneurismal sac ceased instantly, and the whole limb fell slightly in temperature. The wound was closed by sutures and a pad of lint strapped firmly over it. He was removed to bed, and the limb enveloped in cotton wool. 15th: Feverish; complains of nausea; no abdominal tenderness, and no tympanites; pulse 112; limb same temperature as left. 16th: Pulse 96, full; still feverish; dressings removed; the margins of the wound found to have healed by first intention, except at the outer part of the incision; slight discharge of bloody pus; sutures removed; no pulsation in aneurism, the tumour being also smaller; temperature of right foot 89°, left 92°; urine scanty and high coloured; skin dry and hot; slight flush of inflammatory redness about the wound; poultices ordered. 17th: Vomited this morning; complains of an indescribable uneasiness about the chest and belly, though no tenderness is evinced on pressure on the abdomen, except immediataly about the wound; discharge from wound healthy; temperature of right foot 100°, left 85°. 18th: Less abdominal uneasiness; no recurrence of vomiting; skin and tongue moist; right foot 92°, left 95°; aneurismal tumour now almost incompressible, and free from pulsation. 20th: Temperature, right side 82°, left 85°; free healthy discharge from wound. 30th: The ligature came away (eighteen days after operation). June 12th: Patient

in excellent health; wound nearly healed. (We are indebted to Mr. P. Bradshawe for the notes of this case.)—*Med. Times.*

A CASE OF HERNIA CEREBRI—RECOVERY.

By W. H. Traver, M.D. Providence, Rohde Island U. S.

June 2d, 1863. I was called to see John McN., æt. 4, who had fallen from a first-story-window, striking his head upon a sharp stone, fracturing the upper and left part of the os frontis rupturing the membranes, and wounding the tissues of the brain. Pieces of the cranium, the size of a ten-cent piece, were taken out. A triangular piece of window-glass, about half an inch in length, was found imbedded in the brain. The opening in the scalp was partially closed by means of the interrupted suture and adhesive straps. The sutures came away in due time, the straps becoming disarranged, a portion of the brain, about three-fourths of an inch in diameter, protruded and extended seven-eighths of an inch above the surface of the cranium.

The hernia or protruding brain was excised, and a piece of patent lint saturated with lime-water was placed over the orifice, and in immediate contact with the brain. Over this a graduated compress and bandage.

The wound was dressed daily, and the lint kept saturated with the lime water. The slightly astringent properties of the lime-water produced a contraction of the brain in the apertures of the cranium, and together with the compress, caused it to recede below the surface. The wound in the scalp healed kindly. Little or no pulsation can now be felt.—*Philadelphia Medical and Surgical Reporter.*

PRACTICAL OBSERVATIONS ON ACUPRESSURE.

By William Pirrie, M.C., M.D, F.R.S.E., Professor of Surgery in the University of Aberdeen; Surgeon to the Royal Infirmary of Aberdeen.

A new method of arresting hæmorrhage from cut arteries, founded on the principle of temporary metallic compression, called the method by acupressure, was suggested by Professor Simpson, and first described by him to the Royal Society of Edinburgh in December, 1859. It is useful to read the original descriptions of important discoveries, and I have perused with much interest the abstract of the above original communication on acupressure, contained in the *Proceedings* of the Royal Society (vol. iv., p. 249), and the somewhat fuller account given in the *Edinburgh Medical Journal* of January, 1860; also Professor Simpson's communication to the London *Medical Times* of February 11th, 1860, giving

the histories of the earliest amputations in which acupressure was used for arresting hæmorrhage. To those who wish to be thoroughly acquainted with the history, progress, advantages, and the three principal methods of this new proceeding in practical Surgery, the perusal of the above-mentioned papers, of four original lectures on acupressure, by Prof. Simpson, contained in the numbers of the *Medical Times* for January, 1864, and of his instructive work on the same subject, published in Edinburgh in the end of last year, will afford all the information that can be desired. Both in the lectures and in the work the principal methods of acupressure are so clearly described and so distinctly illustrated that any Surgeon wishing to practise them can have no difficulty in knowing how to do so. The whole subject has been treated so fully that further argument in its favour seems unnecessary; but although such has been the case—although acupressure has been practised by some surgeons in these islands, on the Continent, in Asia, Africa, Australia, and by so many in America that the American demand for the passive iron wire used in the proceeding, and for sutures, has stimulated its manufacture in England to a remarkable degree; and although the progress of acupressure in the time that has elapsed since it was proposed by Professor Simpson as a means of arresting surgical hæmorrhage has been greater than that of the ligature in the same length of time, after its application by Ambrose Paré to arrest hæmorrhage in amputations, still it has not as yet met with general adoption. The period seems now to have arrived when it is desirable that those who have tried this hæmostatic agent should put their cases on record; and however inconclusive the observations of a single surgeon may be, the accumulated experience of many will furnish perfectly reliable statistics, and a just appreciation will be arrived at regarding acupressure.

My hospital experience of acupressure as a hæmostatic agent, in important cases of which records have been kept, comprehends its use in five amputations in the middle-third of the thigh, one amputation of the leg below the knee, two cases of the removal of mamma, and one of excision of the elbow-joint. I have employed this method of arresting hæmorrhage in several major operations in private practice, as well as in many minor ones, which I did not deem sufficiently important to be put on record. Of cases in private practice, I shall in the present communication only mention four—namely, one of amputation above the middle of the thigh, the sixth case in all in which I have used acupressure in amputation in that region; one of excision of the testicle, one of removal of the mamma, and a case of considerable interest in which there was great hæmorrhage from a wound in the back part of the upper half of the forearm, caused

by the point of a scythe passing forward between the bones, and injuring an artery in the front of the forearm. In every case, both in hospital and private practice, in which I have employed acupressure, its use has been most satisfactory.

Various Modes of Acupressure.

Before giving a brief record of my experience of this hæmostatic agent, it may be advisable to describe very shortly the principal methods of acupressure hitherto employed. They are seven in number.

The first method "consists in passing a needle through the flaps or sides of the wound, so as to cross over and compress the mouth of the bleeding artery or its tube, just in the same way as in fastening a flower in the lapelle of our coat, we cross over and compress the stock of it with the pin which fixes it, and with this view push the pin twice through the lapelle. The only portion of the needle which is left exposed internally on the fresh surface of the wound is the middle portion of it, which bridges over and compresses the arterial tube at its bleeding mouth, or a line or two or more on the cardiac side of it. And if it were a matter of any moment, this part need not always be left bare, for the needle could be often passed a few lines higher up, between the vessel and the cut surface, and without emerging on that surface. More or less of both extremities of the needle—viz., its head and point, are exposed externally on the cutaneous surface of the side or flap of the wound. When passing the needle in this method, the surgeon usually places the point of his left forefinger or of his thumb upon the mouth of the bleeding vessel, and with his right hand introduces the needle from the cutaneous surface, and passes it right through the whole thickness of the flap till its point projects for a couple of lines or so from the surface of the wound, a little to the right side of the tube of the vessel. Then, by forcibly inclining the head of the needle towards his right, he brings the projecting portion of its point firmly down upon the site of the vessel, and after seeing that it thus quite shuts the artery, he makes it re-enter the flap as near as possible to the left side of the vessel, and pushes on the needle till its point comes out again at the cutaneous surface. In this mode we use the cutaneous walls and component substance of the flap as a resisting medium, against which we compress and close the arterial tube. But in some wounds a neighbouring bone or other firm unyielding texture forms the best and readiest point of resistance against which to pin and compress the artery by the acupressure needle."

The second method consists in inserting the needle in the fresh surface at a little distance from the vessel, pushing it on, causing its point to rise

up as near the artery as possible, bridging over and compressing it, dipping the point of the needle into the raw surface of the wound on the other side of the vessel, forcing it on, and causing the needle to emerge a second time on the wound. The needle is threaded with a passive iron wire, by which it can be easily withdrawn.

The third method consists in entering the needle on one side of the artery, pushing it behind, causing its point to emerge on the opposite side of the vessel, passing a loop of inelastic iron wire over its point, bringing the wire over the track of the artery and behind the stem of the eye-end of the needle, drawing it sufficiently to close the vessel, and fixing it by a twist or half a twist around the needle. The wire with which the needle is threaded should be twisted that it may be readily distinguished. By means of this twisted wire the needle can be pulled out, after which the loop of wire is liberated, and can be easily withdrawn.

The fourth method or that by a long pin and a loop of passive iron wire, is a modification of the third, and differs from it only in a long pin, with a glass head, for facilitating its insertion, being substituted for the common sewing needle threaded with iron wire. Perhaps of all methods the third and fourth are the most secure. The principle in each is the same, but I like the modification of using long pins when convenient from the form of the wound, as they can be so quickly introduced, so readily withdrawn, and all wriggling and entanglement of different kinds of wires with each other avoided.

The fifth method, or that by the twist, may be varied according to the extent of rotation of the needle, whether to a half or quarter rotation. The operator has, on the cessation of bleeding, a reliable proof that a sufficient degree of rotation has been given to the needle. This method may be practised with a long pin or with a threaded sewing needle, and with either it can be very quickly done, but of all methods of acupressure that by the twist with a long pin is the quickest.

In acupressure by the twist to the extent of a half rotation of the needle, the three first movements given to the needle are precisely the same as in the third method above described—namely, it is entered on one side pushed behind the artery, and its point is made to emerge on the opposite side. The needle is then twisted over the artery and fixed in the parts beyond. In this method the artery is, to a certain degree, both twisted and compressed. The first time I tried the method by the twist, a half rotation was given to the needle; but as so little pressure, when direct, is sufficient to arrest hemorrhage, in other cases a quarter rotation was only made by it. The needle was sent by the side of the artery, a quarter rotation was given to it, and then secured by sending its point

into the soft parts. This is the simplest, quickest, and easiest of all the methods by the twist, more especially when done with a long pin, and as far as experience in the Aberdeen Hospital warrants an opinion, perfectly efficient. The gentlemen who were present in the theatre of the Hospital at the first operation where I tried acupressure by the twist were particularly struck with the great simplicity of this method as well as the facility with which it could be employed; but as the manœuvre with the small needle could not be distinctly seen from a distance, they were curious to see, after the removal of the patient, a demonstration I gave of this mode, in which I used a large needle and the mouth of the femoral artery in the amputated limb.

Professor Simpson used this method early in the history of acupressure in cases operated on by Dr. Handyside and Mr. Edwards, but he had published no account of it when the same method occurred as a perfectly original idea to the mind of Dr. Knowles, formerly House-Surgeon of the Aberdeen Hospital, suggested this method without the knowledge that it had been devised by Professor Simpson, and I felt anxious to give it a trial. I did so in the Aberdeen Hospital on June 29th, 1864, in an amputation of the thigh. This was the first instance in which the femoral artery was secured in this way. It is no part of the fifth, or Aberdeen, method by the twist to transfix the artery; on the contrary great care is taken to avoid doing so. It is important to be aware of this circumstance, that there may be no confusion between this method and the sixth, in which the artery is transfixed. In practising the Aberdeen method by the twist, the first movement of the needle may be made to consist of its insertion by the side or underneath the artery, as may be most convenient for having its head towards the edge of the wound when the quarter rotation has been made.—*Medical Times.*

PARTIAL DISLOCATION OF THE AXIS—RECOVERY—REMARKS.

Under the care of Mr. HILTON, at Guy's Hospital.

John S., aged 21, labourer, of St. Mary's, Gray, was admitted on May 26, 1865, under Mr. Hilton.

States that he has been ailing for the last three months; loss of appetite and general debility; has however followed his employment.

On Sunday, May 14th, he was stooping down to black his boots as they were on his feet, when suddenly he "felt a snap" in the upper and back part of his neck; he "felt as if some one had struck him there." About a quarter of an hour after he became insensible and continued so about half an hour; then he felt a stiffness and numbness of the back

and side of his head and the back of his neck, with a fulness in the throat and difficulty of swallowing. At first he had no loss of power over his limbs, only slight pain over his right arm; some days after admission, however, he had partial loss of power in the right arm, which shortly recovered itself.

On admission he carries his head fixed, and has pain on slightest attempt to rotate, flex, or extend the head; his jaw is partially fixed, and he cannot open his mouth wide enough to admit of a finger being passed to the back of the pharynx; his voice is thick and guttural; deglutition not attended by any great uneasiness. Complains of all the symptoms before enumerated. Externally over the spine of the second cervical vertebra there is a tumour hard and resisting, but tender on pressure; this is evidently formed by the undue prominence of the spine of the axis itself; the tenderness is not general, but circumscribed; the parts all round are numb. He was put on his back on a hard bed, his head but slightly elevated; a small sand-bag was placed beneath the projecting spine, and the whole head maintained in a fixed position by larger sand bags. He was ordered pulv. Dov., gr. v.; hydr. cum. creta, gr. iij., bis die. This was continued for about ten days, when his gums became affected slightly, and it was then omitted. Marked improvement has taken place in his general appearance, and more particularly in his special symptoms. He continued thus till July 3rd, gradually and steadily improving. He then had acute rheumatic inflammation of the right knee and elbow-joint, followed in a day or two by a similar state in the left knee-joint. There was no evidence of a pyæmic state. The joints were blistered; he has been treated with pot. nitr. and lemon-juice, and is now fast recovering. The tenderness and all the symptoms have disappeared, the protection still remaining, and he expresses himself as much relieved by the continued rest in bed.

Mr. Hilton, in remarking on this case observed that it has been demonstrated that the area of the vertebral canal might be diminished by one-third, provided that the diminution was slowly affected, without giving rise to any alarming, or indeed marked, symptoms of compression of the cord.

PENETRATING WOUND OF THE HEART. AUTOPSY.

By William H. Helm, M D.

The following statement of circumstances attending the killing of prisoner of war, private Benj Hurt, Co. A, Cobbs' Ga. Legion, with notes of an autopsy held May 8th, 1865, may prove of interest to some of the

readers of the REPORTER. It may be premised that this camp was established April 13th, 1865, and the prisoners were very efficiently guarded for some eight weeks, by a negro regiment.

About half past ten p. m., May 7th, I was sent for to see a prisoner who had been wounded by a sentinel. On arriving at the hospital, accompanied by Drs. Steinmetz and Fritz Act'g Ass't Surgeons U. S. A., and attached to this camp, I found him lying on his left side, with his knees drawn pretty well up, and his body bent forward. He complained considerably of pain in any position, and begged for some morphia. On examination I found a triangular shaped opening on the posterior portion of the thorax, two inches below the inferior angle of the scapula, and four inches to the right of the spine. On examination with the probe, I found that the probe ran down beneath the skin for two or three inches, but was unable to detect any opening into the thorax. The patient complained of pain, and no change of position seemed to relieve it. His pulse was good, but slightly accelerated. His respiration was very little, if at all affected. The expression of his countenance was slightly uneasy. There was a very slight oozing from the wound. After a consultation, we concluded that it was a non-penetrating wound of the chest. The wound was covered by a piece of dry lint, fastened to the chest by adhesive plaster. A grain of morphia was given him, with directions to give him half a grain in an hour if he was not relieved, and to send for the medical officer of the day, (who slept inside the camp,) or for me, if the man became worse. Towards morning he became delirious, and died about sunrise, without the ward-master having sent for any of the surgeons. The account given to the ward-master and one of the nurses by the prisoner is as follows: A little after 10 o'clock, p. m., he went down to the sink, which is built out into the river on piles, and has a gallery on two sides of it. The prisoners were in the habit of going out on this gallery to urinate. Ignorant of its being a violation of the rules to go to the gallery at night, he went out on it, and while in the act of urination the sentinel halted him. He turned to come back, and when opposite the sentinel, he heard an officer give the order, "Bayonet him," which the sentinel accordingly did. Hurt further stated that the stroke jarred him very much. I do not vouch for the truth of Hurt's account; for though there was a board of investigation, nothing further than its approval of the action of the sentinel was made public: therefore Hurt's is the only account I have. After being wounded, Hurt walked from the sink to the hospital, a distance of about 200 yards, assisted by the sentinel and the officer of the guard.

At my request Dr. Fritz made an autopsy at 10 o'clock on the morning of the 8th, at which were present the whole medical staff—eleven in number—except the surgeon in charge, also the chaplain of the regiment on guard, and the military officer of the day.

The triangular opening, as before stated, was four inches to the right of the spine, and two inches below the inferior angle of the scapula. On tracing the path of the bayonet, it was found to have gone downward and to the left, some two inches, beneath the skin, when it entered the ninth intercostal space. Upon opening the thorax, nearly its entire cavity was found filled with clots and semi-fluid blood, of a dark-red hue. The opening in the ninth intercostal space was found, and the further course of the bayonet was traced where it had torn through the outer and right edge of the intervertebral disc, between the ninth and tenth dorsal vertebra. The lungs were found to be uninjured. The pericardium contained a clot of bright-red hue, about the size of a large hen's egg, and several ounces of bloody serum. A small triangular spot was seen on the posterior portion of the base of the left ventricle. The probe sank into the triangular spot by its own weight merely, and on opening the left ventricle, it was found to be a penetrating wound of the heart. The opposite surface of the ventricle was entirely uninjured. The vena cava ascendens was probably pierced by the bayonet, though it was impossible to find the opening, owing to the dense fibrous clots surrounding the vessels and pervading the cellular tissue. This supposition accounts for the large venous hemorrhage, and is entirely probable, as the vena cava ascendens is in the course of the bayonet. As to why the bayonet took such a course, I cannot tell, but suppose the man must have been in the standing posture when struck, and stooped suddenly forward, or the sentry, having hold of the piece, after striking a downward blow, must have suddenly depressed the butt, thus giving the point of the bayonet an upward course.—*Philadelphia Medical and Surg. Reporter.*

REMOVAL OF THE ENTIRE SCAPULA FOR MALIGNANT DISEASE—CASE NOW UNDER TREATMENT.

(Under the care of Dr. FERGUSSON.)

S. H., aged 25, a very healthy looking young man, had noticed the present tumour for six weeks only, and it had been growing very rapidly up to the present time. It caused him no pain whatever, and the motions of the joint were not in any way affected. He complained that he felt a sense of numbness in his arm and hand owing to the pressure of the tumour upon the nerves in the axilla. The integuments covering the tumour were not affected, and were freely movable over it.

The patient being placed under chloroform, Mr. Fergusson first made an incision over the neck of the acromion process at right angles to it. The bone being exposed, a small saw was introduced, and the process detached. An incision was then made along the spinous process, and a third almost at right angles with this along the posterior border of the scapula. The flaps included by these incisions were next reflected, and the tumour was exposed, the muscles covering it being implicated in the disease in a great measure. Mr. Fergusson next seized the spinous process with the "lion forceps," and lifted up the mass in order to expose and cut through the capsular ligament of the joint. When this had been effected the forceps were applied to the axillary border of the bone, and it was thus lifted from off the walls of the chest, and the muscles cut through. A considerable amount of hemorrhage occurred at this part of the operation, owing to the division of the subscapular and dorsalis scapulæ arteries. The mass was still firmly held by the muscles attached to the coracoid process; these and the coraco-clavicular ligaments were divided, and the diseased scapula was removed. The articulation was perfectly healthy. The bleeding vessels were tied, the flaps brought together by sutures, strapping and a large pad placed over the wound, and the patient removed to bed.

In some after remarks, Mr. Fergusson said that he had left the small portion of the acromion as an attachment for the deltoid and trapezius muscles, and that the spinous process being thus divided, more room as given for manipulation and for command over the scapula during the operation. He had, moreover, left the attached muscles as entire as possible, and not cut them short round the joint. By the use of the forceps, first on the spinous process and afterwards on its external border, a great amount of purchase was exercised on the scapula, and the tissues were thus put upon a stretch, and their division more easily effected.

The tumour involved the dorsum, lower part of the spine, and under surface of the body of the scapula, the bone being completely perforated by the growth, the subscapularis muscle being a mass of medullary cancer; it was a process from this that caused the pressure on the axillary nerves. Up till the present time (July 14) the patient has been doing well, and the wound nearly healed.

CASE OF ABSCESS OF THE SPLEEN, DISCHARGED INTO THE LEFT LUNG.

By A. A. Mantell, M.D.

Abscess of the spleen is rare, and a termination by communication with the lung still rarer. J. D., European, aged 62, came under obser-

vation on January 31st, 1865. He had been a free liver, but generally a healthy man; had not been subject to fever, but had had a slight attack of ague before his present illness set in. He became ill five months ago, with sore throat and difficulty in swallowing; he also had pain in the right side of his neck. He grew worse, and on January 1st he was unable to masticate food, and his speech became thick. On January 25th he coughed up some dark coloured blood and matter of a very offensive character; from this time his breathing became difficult, a hacking cough set in, and he daily expectorated small quantities of blood and matter. When seen on January 31st he was sitting in a bent posture, his countenance was dusky, and his lips livid; he was at times delirious, and breathed with much noise and difficulty; he had a slight but frequent cough, and with it expectorated an offensive sanguino-purulent fluid, of a dark brick colour. He was free from fever; pulse strong, 84; tongue clean. He complained only of his throat, and pointed to it as the seat of pain; nothing abnormal, however, could be felt externally, or seen internally; there was partial paralysis of his tongue, which rendered his speech thick and difficult to be understood. His lungs gave no evidence of disease, resonance was good on percussion, and the only abnormal sound present was a mucous râle. No enlargement of the liver or spleen could be detected, and he did not complain of pain when his abdomen was examined by pressure and percussion. He died from hæmoptysis on February 1st. *Inspection* twenty-one hours after death:—On removing the trachea, pharynx, &c., the greater cornu of the hyoid bone of the right side was found in a state of caries, and the diseased part was surrounded by a small abscess, which had apparently burst into the upper part of the pharynx. The apex of the right lung was slightly adherent, and the bases of the both lungs were firmly adherent to the diaphragm, especially the left; their structure was healthy, but engorged with frothy blood and serum. Heart natural, with empty cavities. Liver smaller than usual; gall-bladder containing greenish bile, and one large black calculus. On endeavouring to remove the spleen it was found adherent to the diaphragm, and so soft and pulpy that it broke in pieces under very slight pressure; the cause of this was an abscess which occupied its structure, and was now nearly empty; the walls of it were thin, and what remained of the parenchyma was infiltrated with fetid matter, and blood of a brick-red colour, similar to that which had been expectorated during life. The abscess had burst into the left lung, a communication being established between it and the spleen. The fatal hemorrhage was due to rupture of a branch of the left pulmonary artery. The left kidney was hyper-

trophied; the right contained an abscess the size of a hen's egg.—*Brit. and For. Med. Chir. Review.*

ON HYDROCELE OF THE HERNIAL SAC.

By M. Velpeau.

A tailor, aged twenty-four, entered one of M. Velpeau's wards with a tumour on the left side of the scrotum, as large as a double fist, and situated below the external ring; it was soft, indolent, tense, fluctuating and irreducible. There was neither impulse on coughing nor transparency. It was prolonged by a pedicle, the size of the thumb, into the inguinal canal. The skin over the tumour was normal in appearance, and the testis was distinctly felt at the bottom of the scrotum. The man had worn a truss for several years for a hernia, which had never been completely reduced, a small swelling always remaining. Ten days prior to admission the truss had been broken, the tumour somewhat rapidly increasing in size, but without pain or inflammation. A portion of the hernia only could be returned, and the man came to the hospital. M. Velpeau, much influenced by the free fluctuation present, came to the conclusion that this was an example of an old intestinal-omental hernia; in which the gut had been returned, leaving only omentum—an effusion of fluid having also taken place into the sac. Six days after admission, the sac was punctured, and a reddish but perfectly limpid fluid having been discharged, the presence of omentum was ascertained. An iodine injection was then thrown in, and next day a pretty smart attack of inflammation occurred, accompanied by febrile action. This soon abated, and the patient went on very well, so that when he was discharged, three weeks after his admission, one side of the scrotum was scarcely larger than the other.

It was M. Velpeau who first conceived the idea of treating this form of hydrocele in the same way as hydrocele of the tunica vaginalis; of course, in such case inflammatory action is more to be dreaded, owing to the intercommunication with the peritoneum; but M. Velpeau, having found that iodine injections never give rise to purulent inflammation in closed cavities, determined to employ them in congenital hydrocele, taking care to compress the inguinal canal against the pubis. In the numerous cases of this kind in which he has employed these injections, he has never met with any accident, and he therefore naturally felt no hesitation in extending the practice to hydrocele of the hernial sac, in which the canal being plugged with omentum, the penetration of the iodine into the peritoneal cavity could scarcely occur. By this operation, also, conjoined with careful adjustment of a truss, the radical cure of the hernia may in some cases be effected.—*Brit. and For. Med.-Chir. Rev.*

Canada Medical Journal.

MONTREAL, SEPTEMBER, 1865.

THE METHOD OF EXAMINATION.

The most important business in our opinion, which will occupy the attention of the governors of the College of Physicians and Surgeons of Lower Canada, at their approaching semi-annual meeting, to be held at Quebec on the 10th of October, is the propriety of changing the method of examining the candidates for the College license. At present the plan followed is to appoint a Committee of four governors to examine the candidate, which is done orally; and in accordance with their decision, he is either received or rejected. As the number of candidates is generally considerable, this method occupies some time, and by several has been deemed unsatisfactory—hence a measure of reform has been suggested, and the means proposed to be adopted is as follows: The examination to be in writing—and the number of questions on each branch to be three, except on Medical Jurisprudence and Botany, upon which subjects two questions willl suffice. Three examiners are to be appointed (a different three on each), on every subject—except Botany and Medical Jurisprudence—which subjects shall only have two. The time allowed for answering question is three hours, and the examiners have the option of interrogating the candidate upon their written answers.

We have no doubt but that the talented proposer and very eminent seconder of the resolution at the last May meeting of the College proposing the above alterations felt that they were working in the right direction, but we most decidedly dissent from the proposed change. It will in our humble opinion defeat the very object, we believe, they have in view. So far as our knowledge obtains we are ignorant of any University, College or School, where the sole test required from a candidate is the satisfactorily answering a certain number of written questions upon the various subjects embraced in the Science and Art of Medicine. But we know of many where in addition to an oral examination, a written one is demanded. When we take into consideration the very small area, so to speak, which any three questions, even on every subject, can be made

to embrace, we can, it must be acknowledged, form a very unfair estimate, of the total amount of knowledge possessed by any student. At an oral examination, the candidate is usually examined about twenty minutes on each branch, and during that time, at least eighty questions can be put on some, and fifty on others. Can we for one moment compare fifty oral questions on midwifery—to three written ones—searching and important, as we fully admit, they can be made. It is true that the candidate *can* be interrogated upon his written answers—but beyond the clearing up of some point of the answer which may be obscure—we fail to see any advantage in it, in developing the knowledge possessed by the student. We admit that the present method of examination is open to objection—and grave objections too—but we believe the proposed alteration to be open to graver objections still. If the College would follow the plan adopted by older and therefore more experienced Colleges—they would add to the oral a written examination, and not *substitute* a written for an oral examination. Want of time—for both may be pleaded, as indeed it has been pleaded,—is one, if not the principal reason for a change from the present method—but such an objection ought not to receive a moment's consideration. What is worth doing, is worth doing well; and as the governors of the College occupy a most important public trust, we feel they should discharge that trust in a manner which will give the public confidence in the licentiates they send forth upon the country. Time with every medical man is precious—but by accepting the office of governors, they place themselves in a position, the claims of which for the time being, are paramount, and we feel that any complaint of want of time is not deserving of a great deal of consideration. Even should the majority of the governors think the proposed change desirable,—we sincerely hope they will not,—we would call attention to the fact that as the student will have to answer three questions on seven subjects, and two questions on two subjects—making twenty-five questions in all—three hours—the time allowed for answering—is, beyond a doubt, altogether too short. It gives simply eight minutes and a quarter to each question, a time, in which it is in our opinion simply impossible even to write an answer to such a question as should be given, much less give it that thought which it doubtless should have. Were the student a short hand writer—even eight minutes and a quarter would still, we believe, be too short. At the London College of Physicians, where the written examination extends over four nights (on the first and second professional—analagous to the primary and final examination of McGill University), only six questions are allotted to each evening, and three hours are allowed in which to answer them—thus giving half an hour to

each question—which is not the least too long. We trust the governors of the College will give this subject their most careful deliberations. The proposed change is not one to be lightly entered into—and we will be much disappointed if it is allowed at all.

We have to acknowledge the receipt of a long letter from Mr. Bulmer, a licensed chemist and druggist of the College of Physicians and Surgeons of Lower Canada, asking a number of questions, several of them being quite of legal character, on which we decline to express any opinion. We will, however, answer such as are in our power. 1. The bye-laws of the College of Physicians and Surgeons of Lower Canada are legal in Lower Canada, and prosecutions under them would be sustained, provided two witnesses to the same fact can be produced, and there be no flaw in drawing up the complaint. The amended bye-laws passed at the last triennial meeting will become law, immediately on their being signed by the Governor General. The licenses now issued to chemists and druggists are legal. 2. Every person, either physician, surgeon, chemist, or druggist, midwife, &c., will have to register on the books of the college, within three months after the publication of the amended bye-law; and it is our opinion that any one practising either as physician, surgeon, midwife, chemist or druggist, who has not the qualifications, by which he can register, must obtain it, or be liable at any time to prosecution as an unregistered practitioner. We do not, for a moment entertain a doubt that the license of chemists and druggists of the Lower Canada College do not give rights similar to those given by the Apothecaries' Hall of either England or Ireland, the licenses which are now recognised as giving the qualifications of a general practitioner. Their examinations are quite different from that exacted by the Lower Canada College for a chemist's or druggist's license. 3. Any licentiate member of any of the Colleges of Physicians or Surgeons of the mother country, on presenting himself for our license, must receive it without further examination. This is, we believe, the interpretation of the act, though we decidedly think it should be amended, so that persons having diplomas from the mother country (University diplomas excepted) should be compelled to pass an examination upon those subjects not embraced in their diploma. This matter will doubtless be taken up at the approaching meeting of the governors of the College. The other questions asked by Mr. Bulmer we do not feel ourselves competent to answer. To arrive at perfection is a difficult matter; and when we consider that in the mother country such a state of things has not as

yet been reached, it need not surprise us that in our new country there are still many things which require alteration. But of one thing we unhesitatingly express our opinion, and that is, that every one who deals in drugs, whether as physician, surgeon, midwife, chemist or druggist, should be compelled to pass an examination, and obtain his qualification, whereby the public may know they are dealing with a properly qualified person. And those who have done so, are but doing right when they call upon the College to protect them by prosecuting those not so qualified.

NEW MEDICAL SOCIETIES.

It is with pleasure we announce, that a Society has been formed in Montreal, for the reading of papers, and the discussion of Medical and Surgical topics—as well as the regulating of all matters of interest to the profession. It is styled " The Medico-Chirurgical Society of Montreal. The following is the list of officers that have been elected: President, George W. Campbell, A.M., M.D.; Vice-Presidents, E. H. Trudel, M.D., W. H. Hingston, M.D.; Treasurer, Hector Pelletier, M.D., Edin.; Secretaries, E. Lemire, M.D., W. Wood Squire, A.M., M.D.; *Council*, W. E. Scott, M.D., J. L. Leprohon, M.D., Robert Craik, M.D., J. E. Coderre, M.D., R. P. Howard, M.D. The Society meets monthly.

We are also glad to notice a similar movement among the profession at Quebec, a Society having been recently organised at the ancient capital. It is called " The Quebec Medical Society," and the following officers have been elected: President, F. A. H. Larue, M.D.; Vice-President,————; Secretary, L. Catellier, M.D.; Treasurer and Librarian, Jean B. Blanchet, M.D. It is the intention of the Society to establish a reading room, and to hold its meetings quarterly in the Laval University. We sincerely wish both Societies every possible success.

THE TURKISH BATH.

It may not be generally known to the profession in Canada that in Montreal we have in operation a Turkish bath where, under the direction of its proprietor and a proper assistant, a bath can be obtained at any time. We believe that many of our brethren in every section of the province will be glad of this information, and will now order any of their patients, whose cases would be benefitted by such a course of treatment, to the establishment at Montreal, instead of sending them to New-York, as has frequently been done. There is no doubt of the fact that the Turkish bath is a powerful therapeutical agent, and is capable of being

made very useful in proper hands, and under proper direction. In the mother country it has become thoroughly established, and in certain diseases—especially skin diseases, and those originating from checked perspiration—it has been found a valuable remedy. We are aware that much prejudice exists among some against the bath, but we believe this is due almost entirely to ignorance of its real character, and to the fact that many have put it forward as a universal panacea for all the ills to which flesh is heir. To such we would strongly recommend a little work of about one hundred and fifty pages, published by McLachlan & Stewart of Edinburgh, entitled: "The Roman Turkish Bath," by James Lauric, M.D., L.R.C.S.E. It is an able little review of the entire subject—one on which all medical men should be well informed. Of course the bath, like every thing else, is not suited to all—hence it should never be taken without a physician's orders—or without previously seeking a physician's advice. The bath in this city is owned by Mr. Arthur W. Alloway, of Coté street.

ACCIDENT TO DR. PRESCOTT, R.A.

We have learned with much regret that Dr. Prescott, Royal Artillery, attached to the Battery now stationed at London, C.W., met with a severe accident early this month. He was out shooting, when his gun burst, shattering his left hand so severely, that it had to be amputated above the wrist. He is progressing very favourably. His many friends sympathise with him in his suffering, and wish a speedy recovery.

HYDROCEPHALUS.

The *British Medical Journal* says, that M. Bouchut, of the Children's Hospital, Paris, has called in the ophthalmoscope as a diagnostic agent in chronic hydrocephalus and rachitic state of the cranial bones. In chronic hydrocephalus, the early signs of the disease, he says, are often obscure; but the vessels of the eye always undergo appreciable modifications. In proportion as the serum accumulates in and compresses the brain, we find—1, an increase, of vascularity of the retina, with dilatation of the veins; 2, an increase of the number of vessels in the retina; 3, a complete or partial serous infiltration of the retina; 4, atrophy of the retina and its vessels; 5, atrophy, more or less marked, of the optic nerve. These lesions vary with the age of the disease and the amount of serous effusion. They result either from compression of the sinuses preventing the return of blood from the eye or from compression of the optic nerve within the cranium. But none of these lesions exist in rickets. In twenty-two children between five months and three years of age, exam-

ined by M. Bouchut, in whom the body was only slightly deformed, but in whom the head was increased in size and the anterior fontanelle open, and some of whom had, and some of whom had not had convulsions, the eye preserved its natural appearance. There was neither alteration of the pupil, nor any disorder of the venous circulation of the retina. Hence, he says, by means of the ophthalmoscope, we can distinguish between rickets and chronic hydrocephalus.

EXPLANATION.—*Answer to the Canada Medical Journal.*—Dr. John C. Johnson's operation for exsection of ankle-joint, reported in the April number of this Journal, was made February, 1862. Any one desirous of fixing the date more definitely will, no doubt, be supplied with the facts upon application; we are unable to supply them at present.—*Buffalo Medical Journal, June*, 1865.

A SURGEON TO HIS SWEETHEART.

Organization's loveliest flower,
  My own that system let me call,
The heart of this is in thy power,
  Chordæ tendinæ, valves, and all.
The corneæ of those globes of sight,
  Diaphanous as morning dew,
Give passage to the rays of light
  Reflected from each iris blue.

Above those orbits, mind is there,
  Anterior lobe, os frontis full,
Beneath that scalp of raven hair
  Mine eyes discern a perfect skull.
With smiles those muscles wreathe that face,
  Matched with the lily, where the rose,
Just planted in its proper place,
  Right o'er the buccinator glows.

Within the white and slender hand
  Which that fair female subject owns,
How lax each ligamentous band
  That binds the metacarpal bones!
Those bones, compressed, that hand, in sport,
  Will let her slip that bracelet through:
Just as the humbugs Davenport
  (Who've sloped) the rope-trick used to do.

Oh, may that hand's palmaris be
  Stretched close as possible to mine!
And may our sentiments agree
  Whilst our phalanges interwine.
Let then, to bind me to my bride,
  With union ne'er to be undone,
The nuptial ligature be tied,
  And Hymen's suture make us one.

ON A VISIT TO EUROPE.

Dr. R. Palmer Howard, Professor of Practice of Medicine in McGill University, left for a brief trip to Europe by the steamship, which sailed from Quebec on the 12th August.

We have received the first (August) number of the *Gazette Medicale*, published in this city in the French language, and edited by Dr. Dagenais and Dr. Lemire. It is evidently conducted in a very able manner, and we sincerely trust that not only will the mass of the French Canadian practitioners give it their support, but all who understand the French language. It will ever be a welcome visitor to our table. We wish our new contemporary every success.

Mr. Laurence, the senior surgeon of St. Bartholomew's, now in his 84th year, has resigned in his position. The "Lancet" pays tribute to his professional worth, but regrets that his retirement is not under circumstances which might have justified a warmer tribute to his unselfishness.—The entire value of the estate of the late Dr. Valentine Mott of New-York, is said to be $400,000. He left his anatomical museum to the New-York Medical College.—The Princess of Wales has given £50 to the hospital for sick children in London.

AN ENGLISH CURE FOR DRUNKENNESS.

There is a prescription in use in England for the cure of drunkenness by which thousands are said to have been assisted in recovering themselves. The receipt came into notoriety through the efforts of JOHN VINE HALL, commander of the Great Eastern steamship. He had fallen into such habitual drunkenness that his most earnest efforts to reclaim himself proved unavailing. At length he sought the advice of an eminent physician, who gave him a prescription which he followed faithfully for seven months, and at the end of that time had lost all desire for liquor, although he had been for many years led captive by a most debasing appetite.

The receipt, which he afterwards published, and by which so many other drunkards have been assisted to reform, is as follows:—Sulphate of iron, five grains; magnesia, ten grains; peppermint water, eleven drams: spirit of nutmeg, one dram; twice a day. This preparation acts as a tonic and stimulant, and so partially supplies the place of the accustomed liquor, and prevents that absolute physical and moral prostration that follows a sudden breaking off from the use of stimulating drinks.—*Druggists' Circular.*