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THE DOMINION MEDICAL JOURNAL.

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TORONTO, ONT., DECEMBER, 1869.

PRICE, \$2 PER ANN.

Original Communications.

A CASE OF EXTREME RIGIDITY OF THE OS UTERI.

By N. AGNEW, M. D.,
DELAWARE, ONT.

I was called on the evening of Friday, the 3rd September, to see Mrs. —, who was in labour of her first child. The pains were regular, but not urgent. On making an examination per vaginam, I had great difficulty in finding the os. At length I detected it high in the hollow of the sacrum, not at all dilated, and feeling like the half of a pea. During the night the pains increased, and the position of the uterus became so far rectified that the os was found nearly in the normal situation, but still undilated. In the morning she became easier, and I left for a few hours. The pains soon returned, and increased in urgency until labor was very powerful. This state of things continued during the night of Saturday, without producing the slightest impression upon the os. During the night, opium and tartar emetic had been exhibited, and such nourishment as she could take was allowed. Bleeding was not resorted to; and it was well, as the sequel will show.

On Sunday morning I made a careful examination. The os was now low in the pelvis, and only perceptible as an excrescence; no dilatation; water was dribbling through, and the head pressing hard—first presentation. With careful manipulation, and gentle, persevering force, I succeeded in passing the tip of the finger into the os. It was quite fibrous, and felt like a child's rubber teething-ring—hard, unelastic, and nearly as thick as the little finger. At daylight, I sent for a professional friend to see the case with me. Before his arrival, she became somewhat suddenly exhausted, and slight puer-

peral mania supervened. I exhibited ammonia, brandy, and beef tea. Shortly after, my friend arrived, and made an examination. She had rallied a little, and we watched her for some time; but as no improvement took place in the condition of the os, and as the mania returned with every slight pain, he agreed with me that surgical interference was necessary, and, indeed, presented the only hope of saving her life.

Having told her husband and friends the peril she was in, and the formidable nature and risk of the proposed operation, I at once proceeded. I placed my patient in the lithotomy position, and had her knees steadied. Chloroform was administered by my friend. I insinuated my finger as far as I could into the os, and passed a probe-pointed bistoury, having about three-fourths of an inch of a cutting edge, through it, guided by the finger as far as possible; I then cut upwards towards the symphysis, through the obstruction, which was almost as dense as cartilage; I then introduced the finger through the wound, repassed the knife, and cut downwards quite through, thus bisecting the ring. Only a few drops of blood followed. She rallied quickly from the effects of the chloroform. A dose of ergot was added to the stimulants, which were again exhibited, and in a short time slight pains came on, followed by rapid dilatation, rupture of the membranes, and escape of liquor amnii, but without any advance of the head to warrant the hope that, in her exhausted state, the labour would be terminated by natural effort. I therefore applied the short forceps, and, with considerable difficulty, succeeded in delivering the head, which was very hard, chloroform being administered during extraction. The rest was "plain sailing." The placenta followed in a few minutes; no flooding. She expressed herself quite comfortable. I staid a few hours, and as she became restless, I gave her a grain of pulv. opii.

PROGRESS OF THE CASE.

Sept. 6th.—Had a restless night; slept about two hours; pulse 140, rather tense. To have pulv. opii gr. i. every four hours; gruel ad lib. Evening—Pulse 140, tense; face flushed; restless. Continue opii pulv., adde tr. aconite rad. gtt. i. every hour.

7th.—Morning—Had some sleep; pulse 130, softer; still restless and flushed; tongue coated with brownish fur; bowels have not been moved. To have hydrarg sub. mur. gr. v. in a dessert-spoonful of castor oil; continue treatment. Evening—Bowels have been moved twice; tongue better; pulse 120, soft.

8th.—Bowels moved once during the night; tongue clean; pulse 108, soft; lochial discharge, which up to this time was normal, offensive. Stop aconite; to have pulv. opii gr. i. every six hours; chicken broth or beef tea; a hot poultice to vulva, and hot stupes over uterus.

9th.—Feels more comfortable; pulse 100, soft; tongue clean; lochia still offensive; slight tenderness over uterus. Continue opii; to have a chop or steak and beef tea, broth or milk, ad libitum.

10th.—Pulse 109; bowels have not been moved since 7th. To have a tablespoonful of castor oil, and tr. aconite gtt. i. every four hours; continue opii and diet. Lochia less offensive.

11th.—Bowels have been moved; had a good night; pulse 96. Pulv. opii gr. i. every eight hours.

12th.—Slept well; pulse 82; lochia normal. It is unnecessary to pursue the case further; there were no more bad symptoms, and she made an excellent recovery.

In reference to this case, I may be permitted to remark that although I was aware that the great weight of authority is opposed to incising the os, I felt that it was the only hope left of saving my patient's life. I had not the alternative of ultimate dilatation, or splitting, or actual tearing off of the whole cervix. The natural powers had given way, notwithstanding that food and, latterly, stimulants, had been perseveringly administered; and it is a rule of obstetric surgery *not to let a patient die undelivered*. Dr. Ramsbotham says, in reference to incising the os: "I should consider it as one of those

"exceptional modes of treatment which surgeons are sometimes driven to undertake, in consequence of encountering some extraordinary difficulty, not provided for by the legitimate and established rules governing surgical science." But there are GREAT NAMES in favor of the operation, and "who shall decide when doctors disagree?" Clearly, all such cases must be left to the experience, the judgment, and the common sense of the attending physician.

I would not be understood as *advocating* surgical interference. On the contrary, I deprecate any such practice. During eleven years' experience of a pretty extensive practice, in which I have met with a good many cases of rigid os, I have always found the ordinary means sufficient to overcome the difficulty. But, having met with a case in which *extraordinary* means had to be resorted to, I felt it to be a duty I owed to my professional brethren to place it upon record.

TRICHINA SPIRALIS.

By A. EBY, M.B.,

SERRINGVILLE.

In 1860, Professor Zonker, of Dresden, added another to the long list of diseases to which human flesh is subject, and what is more important in a medical point, he at the same time fully described the etiology and pathology of the disease, which, from the worm causing it, he called Trichinosis. In order to understand the subject in its full extent, it is necessary briefly to review the history of the trichina spiralis.

Tiedeman, in 1822, gave a description of what has since been thought to have been trichina, but no attention was paid to it. Mr. T. Hilton, demonstrator of anatomy at Guy's Hospital, in 1834, while dissecting the body of an old man who had died of cancer, observed numerous small white bodies in the voluntary muscles. These, on closer examination, he found to consist of oval calcareous cysts. He gave a description of them in the *London Medical Gazette*, vol. xi page 605, in February, 1833. He thought the cysts were those of a new class of intestinal animals, but of no important consequence to the human system. Mr. Paget, while a student of

medicine in 1835, observed the same cysts in a subject he was dissecting. Suspecting it to contain some animal, he borrowed a microscope from a friend, and with it, he was able to demonstrate the existence of an entozoon. He read a paper on the subject before the Abernethian Society, which was afterwards published in the transactions of that body. He also took some of the muscle of this subject to Mr. Robert Owen, the comparative anatomist, who also discovered the animal, which he thought a new one, and called it *Trichina Spiralis*. He was the first to publish an account of it, which he did, in the *London Medical Gazette* for April, 1835. He described it as destitute of an intestinal canal and generative organs, and consequently gave it a very low place in the scale of animal life. Dr. Farre afterwards proved it to be possessed not only of an intestinal canal, but also of generative organs. He was thus able to place it into the class of nematoides. The attenuated end of the worm was at first taken to be the tail, but this was afterwards shown to be the mouth. Their origin was a long time veiled in mystery. Many considered them as evidently of spontaneous production. In fact, they were cited as proof positive of the possibility of spontaneous production. It does not appear what view these anatomists took of the necessity of generative organs, which were shown to exist, in an animal produced spontaneously. Virchow, and some others, though not able to explain the manner of their origin, yet rejected the idea of their spontaneous production, and insisted on the old law of "*Omne vivum ex ovo.*" Leuckart found that on feeding trichinosed flesh to other animals, they became free from their capsular envelopment, and grew to thrice their original size in three days after entering the intestine, and finding some fully developed tricocephalus dispar in some of the animals so fed, he considered them an inferior grade of development of the tricocephalus dispar. He and others entertained this opinion until 1860 when he discovered their complete sexual development, and the fact, that they produced living young. He thought that like tænia they must first be ingested in some other animal. In 1845, Herbert had discovered their presence in the muscles of

the cat, and in 1846 Prof. Leidy, of Philadelphia, discovered them in the hog. Hence their direct connection with the food of man was demonstrated. In 1853 Herbert had already discovered that the animal became free in the intestinal canal, and reproduced young, which again commenced their migrations into the muscles of the individual.

The animal itself belongs to the class of nematoides. It varies in length from $\frac{1}{2}$ to $\frac{1}{4}$ of a line, according to some, others make it larger. Dalton in a paper on the subject, in the transactions of the N. Y. Academy of Medicine for 1865, gives its length as 1-36th of an inch, and its width as 1-100th of an inch. The body is pointed at one end and thick at the other. The tapering end is the mouth. This was at first thought to be the anal end, but it was afterwards discovered that the anal opening was at the larger end of the body. From the mouth a straight tube, the œsophagus, extends to the stomach, which is a mere enlargement of the tube. From the stomach the intestine as a straight tube leads to the anal opening. Having no necessity for masticatory and respiratory apparatus, the animal is without either of them. While encysted in the muscle, the parasite is sexless, but on being ingested for three or four days in the stomach of some warm blooded animal, the sexual organs become developed with the full growth of the animal. The male is the smaller of the two, laying besides the intestine is the semeniferous tube, which extends towards the stomach, but opens behind with the intestine in a common anal orifice which is guarded by two little projections. The female is considerably larger than the male, and more numerous in proportion of 7 to 1, according to some observers, and as much as 20 to 1 according to others, laying beside the intestine, the female has another tube, enlarged toward the posterior end of the body, and smaller anteriorly where at about the anterior third of the body, it has a small opening, the *vulva*. This tube is the receptacle of the ova, which are there developed before being extruded from the mother. It will hence be seen that the animal is viviparous and produces, according to Virchow, 200 young; Gerhard says 400, while Leuckart makes

the number as high even as 1,000. The young, as thus born, are without sex, and will only be fully developed after being re-ingested by some other animal. The young animals, on being born, at once commence their migrations. Owing to the large numbers that may be contained in a small piece of muscle and to their numerous offspring, millions of young animals thus commence operations by boring minute holes through the intestine, and continue the course of their journey to all the striated muscles of the body except the heart, which is said to remain free. They generally follow the muscular fibre. After having given birth to their young, the parent trichinae are expelled from the intestine in the same manner as any other foreign substance in that canal. Some observers have thought that the animal reached its destination through the circulation, but this opinion is rejected by the majority who hold that it proceeds to its future habitation by vermicular motion. Besides this it has never been found in the blood. The tendons at the ends of the muscles seem to arrest their progress, for it is here that the cysts are found in the largest numbers. They have not been found in the brain, liver, fat, kidneys, or bladder. Being once encysted, the animal lives for a long time. Cases are reported in which they still were living after being encapsuled for from 12 to 20 years. They can bear great variations of temperature for days without coming to grief. Leuckart kept some trichinized flesh at a temperature of 13° below 0°, F., for three days, and then fed it to a rabbit, which died after four weeks from trichinization. According to Kestner, they will bear a temperature of 169° F., with impunity; but any temperature above that will kill them. Tomassie says they may be vivified after dissication.

(To be continued.)

CASE OF FACIAL PARALYSIS IN AN INFANT.

By A. EBY, M. B., SEBRINGVILLE.

On the 12th of September last, I found the second incisor teeth of the upper jaw of my little boy, then about ten and a half months old, and of robust health, pressing rather hard on the gum. Thinking it might relieve him, I

scarified the gum. The next day I found the right side of the face considerably swollen, with total want of motion of the facial muscles of that side. On coughing or crying the face was retracted on the left, whilst it remained perfectly at rest on the right side. As the face was swollen, I at first thought the want of motion was an involuntary effort of nature at keeping a painful part at rest. But the swelling soon subsiding, I found the existence of actual paralysis. On the advice of a medical friend, I applied a lotion of camphor dissolved in alcohol. With the use of this lotion, whether or not on account of it, I do not know, improvement commenced, and continued until the present time, when there is no paralysis observable, except occasionally when crying. I am at a loss to account for the cause of the paralysis in this case. Had it any connection with the scarifying of the gum? Division of the nerve supplying the paralysed muscles is out of question. The swelling was comparatively so slight and of so short continuance, that I cannot think it could have produced the paralysis by direct pressure on the nerve, either at its distribution or at its point of exit from the cranial cavity. Can we account for it on the supposition of reflex action. If so, what is the connection between the superior maxillary branch of the fifth pair supplying the mucous membrane with nerves of sensation, and the facial nerve supplying the paralysed muscles with motive power? Being personally interested in this case, I may perhaps consider it of more importance than it deserves, yet I think it has several points of sufficient interest to make it worthy of publication.

Analysis of the "Ontario Medical Act,"

With observations, by W. MARSDEN, M.A., M.D., &c., Ex-President and one of the Governors of the College of Physicians and Surgeons of Lower Canada, Member of the Canadian Medical Association, &c., &c., &c.

Prior to, and until the last annual meeting of the Canadian Medical Association, held in Toronto, on the second Wednesday of September last, and following days, almost the entire Medical Profession of Quebec was, like myself, under the impression that the Medical Profession of Ontario had been recreant in allowing the "Ontario Medical Act" to pass without protest; and had since been guilty of apostacy in accepting the Bill, and organizing the Council of the College of Physicians and Surgeons of Ontario, under its provisions, and in

this opinion many of the members of the Medical Profession in Ontario also participated. Not having seen the Bill or Act of Incorporation of January, 1869, previous to the annual meeting of the Canadian Medical Association; but having seen the "report of the Council of the College of Physicians and Surgeons of Ontario, with Rules and Regulations for the guidance of Students in medicine," and a list of "members of the Council, and Board of Examiners and subjects of examinations," wherein some of the most distinguished members of our liberal and humane Profession seemed to form a "happy family" with Homœopaths and Eclectics, as members of the "Council," and "Board of Examiners," this unfavourable opinion was greatly strengthened; and it was not until the second day's proceedings of the Association, when this matter had been discussed and agitated, both in and out of the meeting, that I,—and I may safely add *we*—began to understand the Act. Had it been more generally seen before the meeting, a better understanding might have been arrived at on the first day; and some recriminations and personal asperities might have been avoided. I now participate in the common opinion of most of my Quebec confrères, that the Act is not only the best that could have been obtained at the time, but superior in some respects to the "Lower Canada Act."

Previous to the passing of the "Ontario Medical Act," there were three independent Medical licensing bodies in Ontario, that are all abolished by the present Act, which repeals, the 29 Vic., 34 Cap. (Dr. Parker's Act of the 18th September, 1865), the 22 Vic., 41 Cap. Con. Stat. U. C. (Homœopathic) and 25 Vic. 110 Cap. (Eclectic) thus contracting the licensing power under one board for the entire province—the Medical Board of Examiners of the College of Physicians and Surgeons of Ontario under the "Ontario Medical Act." When we consider that neither of the two last named bodies, who each adopt exclusive or fanciful doctrines, have any teaching institutions in the Dominion, and yet had each licensing powers, it is surely a subject of congratulation to the public that these extraordinary powers have been abrogated, and that the advocates of these special and speculative theories or systems, shall be compelled to come up to the highest standard of Medical education.

The present Act (which is Dr. Parker's Act amended with the introduction of the Homœopathic and Eclectic clauses,) will rid the country of the charlatans and peripatetic empirics of both of these classes, as fast as they die out; inasmuch as, the cases will be "few and far between" who will, (when compelled to matriculate and educate up to the highest Medical standard) take a license for a part, when by the same means they can obtain one for the whole; in other words, who will seek the legal right to practice medicine under an exclusive principle, when by the same means, the whole vast philosophic field of physic is open to them, whether Alopathic, Homœopathic, Hydropathic or Eclectic? Let these exclusions or specialists, first qualify up to the highest Medical standard, (as some whose names it would be invidious and improper to mention have done), and then let them adopt any system their taste and judgment dictates, and their patients prefer.

Under the present Act we shall have no more Eclectic licentiates of the stripe to which the following belongs, nor other candidates for special license, excepting thoroughly educated and qualified persons. Here is a copy *verbatim et literatim* of a hand bill in my possession among other documents, as Chairman of the Committee of Ethics, of the Canadian Medical Association:

PROFESSIONAL.

DOCTOR S. K. LAKE, PHYSICIAN, SURGEON, &c., GRADUATE OF THE ECLECTIC MEDICAL COLLEGE of Pennsylvania, Provincial Licentiate, and member of the College of Physicians and Surgeons of Ontario, may be consulted at the UNION HOTEL, MILFORD, on Saturday the fourth day of September, ON ALL SUBJECTS PERTAINING TO HIS PROFESSION.

THE DOCTOR is now successfully treating the most stubborn cases of disease according to the most improved method of the American Eclectic practice of Medicine.

HE USES NO CALOMEL, NOR ANY OF THE PREPARATIONS of Mercury as internal remedies; nor any other poisonous mineral not found as a component of the Organic Structure of the human body. Believing that the true science of treating disease, is neither the maxium "Similia similibus curatur" (sic) nor "contraria, contrariis, curantur," (sic) but that system which aids and directs nature's efforts by the use of such remedies as are indicated.

BY THE USE OF HIS CONCENTRATED AND SPECIFIC remedies, he professes to stay the progress of that much dreaded malady, consumption, in its early stages. Special attention given to all diseases common to females.

Bloomfield, August 26, 1869.

The author of this brilliant and enlightened repudiation of both Homœopaths and Alopats, is now a registered member of the College of Physicians and Surgeons of Ontario in the list of Eclectics, but his name could never have appeared there, had the "Ontario Medical Act" been in operation when he obtained his license under the late Eclectic Medical Board; nor "shall we ever see his like again" as the law now stands.

For the information of persons not in possession of the Ontario Medical Act, or the Rules and Regulations of the Council of the College of Physicians and Surgeons of Ontario, it may be well to point out the advantages of the present, over the late Acts regulating the practice of medicine in Ontario.

1st. The examination for matriculation is a very fair one, and is the same in all cases.

2nd. The primary examination is as follows:—
1. Descriptive Anatomy. 2. Physiology. 3. Theoretical Chemistry. 4. Toxicology. 5. Pathology. 6. Medical Diagnosis. 7. Botany. And the first six subjects of the final; viz.:—1. Surgical Anatomy. 2. Practical Chemistry. 3. Medical Jurisprudence. 4. Sanitary Science. 5. Operative Midwifery. 6. Surgery, Operative and Surgical, Pathology, and is in all respects the same for every candidate; but candidates wishing to be enregistered as Homœopathic or Eclectic practitioners, will be examined by Homœopathic, or Eclectic practitioners only, on the last four branches of the final, viz.:

The Dominion Medical Journal,

A MONTHLY RECORD OF
MEDICAL AND SURGICAL SCIENCE.

LLEWELLYN BROCK, M.D., EDITOR.

TORONTO, DECEMBER, 1869.

WE copy from the *Canada Medical Journal*, of last month, a letter by Dr. Marsden, of Quebec, reviewing the Ontario Medical Act, and we are pleased to find that a gentleman of the well known abilities and shrewd foresight, which characterizes Dr. Marsden, has, after careful consideration, concluded that this was the best Bill which could be obtained under the circumstances. We felt confident that it just required of the opponents of this Bill to throw aside prejudice and pecuniary interest and listen to those arguments which can be used in its favor, to enable them to see clearly the great necessity which existed for the enactment of this wise measure.

THE attention of the profession has been attracted to the attempt lately made to pass some amendments to the Ontario Medical Act. These amendments were certainly sprung upon the profession, no intimation having been given that such amendments were required or even asked for by the Medical Council. From what we can learn, it seems that the homœopathic members were not satisfied with the present manner of holding examinations, and were anxious that they should have some control over the examination and passing of every candidate in all branches. This we consider an uncalled for and unwarrantable intrusion on their part, and as such we are happy to say that the Committee, to whom this bill was presented for consideration, have concluded to let it stand for the present. If any amendments are required to the present Bill, the Medical Council, at its next meeting, can take such measures as they think proper to introduce into Parliament a Bill for that purpose; we certainly think that they are the proper parties from whom anything of the kind should emanate.

EDITORIAL NOTICES.

WE have received and place with pleasure on our exchange list the *Oregon Medical and Surgical Reporter*, published at Salem, Oregon Territory. Edited by E. R. Fiske, A.M., M.D., assisted by the medical faculty of Willamette University.

WE call the attention of the profession to the advertisement in our columns of the *Scientific American*. This is one of the leading scientific journals of this continent, and always contains reading matter of interest to the medical man. It is deserving of our support.

HITCHCOCK'S new Monthly Magazine is devoted to choice music and select reading for the family circle. In the present number we notice an excellent likeness of the renowned songstress Carlotta Patti. It can be obtained through the book stores for the sum of 25 cents per month.

WE call the attention of the profession to a report of Dr. Jacobi, upon the new anæsthetic. We will obtain some, if any medical gentleman is anxious to experiment with it.

THE *Philadelphia Medical and Surgical Reporter* will, as a New-Year's present, send a steel engraved portrait of Prof. Gross to their subscribers.

Correspondence.

THE MEDICAL ACT.

For the Dominion Medical Journal.

A great deal of nonsense has been written and spoken about the Ontario Medical Act, its supposed elevation of heterodoxy to an equality with the regular profession, and the indignity of the association imposed by it.

If we could only divest ourselves of prejudice, and view the matter as it is, we would find the evils complained of, if not altogether imaginary, at least more than compensated for, by the elevating influence which it must exert over all future licentiates.

We cannot ignore the fact that homœopathy was elevated to an equality with the regular profession, before the people, and in the eye of the law, when it obtained its Act of Incorporation, by means of Lower Canada influence, under the leadership (I believe) of Mr. Dunkin, in the late Parliament of Canada; nor must we forget that the eclectics were placed in the same advantageous position by their Act of Incorporation, which was obtained shortly afterwards.

Now, the Ontario Bill confers no privileges and gives them no status, which they did not enjoy previously, under their own Acts of Incorporation, while it does give the assurance that future licentiates shall be so well qualified in all the essentials that they will not by their ignorance disgrace that profession from which, under the old laws, it was difficult, if not impossible, to exclude them.

We are no more compelled by the present Act to meet in consultation with members of other schools than we were formerly, or than we are compelled to meet with members of our own school, in whose professional ability or personal integrity we have no confidence. We meet members of the other schools in the social circle, in the Church, in the Legislature, in municipal councils, and on school boards, and I have not seen that gentlemen so meeting them have suffered any indignity, or degradation, or were ever treated by the profession as if they had committed a breach of medical ethics, and I maintain that *no more* compromise of principle is required of those who meet in the Medical Council to administer and execute a law, established by the Legislature of the country, and which does not require any discussion of the peculiar principles of the different schools.

Where there is no compromise of position or sacrifice of principle required, there can hardly be much degradation suffered.

I regard the Medical Council simply as an executive body, established by the Legislature to carry out its decisions, or execute its laws, and I believe it could no more refuse to assume the responsibility thus imposed upon it than the Judge could refuse to administer a law which might be obnoxious to a large minority of the people, or even to himself.

I believe there never was a greater fallacy than to suppose the profession is more closely allied to, or associated with the irregular sects under the present name of "College of Physicians and Surgeons," than it was under the several old Acts which made them all members of the "Medical Profession."

Again, sir, I am told that the British Colleges will refuse to recognize our Canadian degrees, on account of the supposed fusion of the different medical degrees under this Bill, but when they understand the true merits of our much traduced Act, and see its working, and its legitimate results, I am satisfied they will never do anything so absurd as to refuse the recognition of graduates from those Institutions with which they have hitherto been on terms of amity, and whose conditions or requirements for graduation have not been in the least affected or modified by the new Bill, but they very likely will refuse to recognize those who are registered as homeopathic or eclectic practitioners, just as they have heretofore refused to recognize the regular practitioner if he presented himself as a simple licentiate, or without a degree from certain specified institutions.

I have no fear of such a refusal, but believe that as they become better acquainted with the true

character of our Ontario Medical Act, they will, like Dr. Marsden of Quebec, declare it to be "a vast boon to the profession of Ontario," far in advance of the state of things in Britain, and well worthy of their own imitation.

Now, sir, I think I have shown that the Medical Bill was required, in order that the entrance of incompetent persons into the profession, with very unequal qualifications, might be prevented, that it is eminently calculated to elevate the standing of the profession throughout Ontario, by the power which it gives of not only *recommending*, but *enforcing* one uniform and high standard of examination for all licentiates, that it will in a few years accomplish for the profession far more than its most sanguine promoters ever dared to hope, and that for the future the admission of improperly prepared persons into the medical profession will cease to be a standing reproach to the medical schools of Ontario at least, and therefore let me express the hope that every reader of your valuable journal will do his best to secure for the Bill a fair and sufficient trial. Let us remember that factious opposition and abuse of an opponent, always convert the assailed into a martyr, strengthens his position in the hearts of the people, and gives the impression that a course so defended or espoused must be essentially weak.

Controversy never convinced, and the faggot never converted any one, and I am satisfied that abuse of the Medical Bill, or irregular medical sects, will never convince anybody, either in the profession or out of it, that the one is degrading or the other supported by ignorance.

Let us therefore unite in our endeavor to secure an enlightened and well qualified profession; assured that in proportion as we enforce a high standard of qualification from all licentiates, fewer persons will seek the profession simply as a means of livelihood, and still fewer will afterwards leave it for the low and degrading practices of quackery.

With many thanks for your valuable space,

I remain, yours truly,

OBSERVER.

Reviews and Notices of Books.

DISEASES AND INJURIES OF THE EYE, THEIR MEDICAL AND SURGICAL TREATMENT. By GEORGE LAWSON, F.R.C.S., Surgeon to the Royal London Ophthalmic Hospital, Moorfields, and Assistant Surgeon to the Middlesex Hospital. Philadelphia: Lindsay & Blakiston. Toronto: Copp, Clarke & Co.

This is the work which the practitioner needs whose time for reading more extended treatises is

curtailed, and who yet feels the necessity of being fully posted in all the new ideas of this ever-changing but progressive age. In this work he will find satisfactory replies to those questions which he may from time to time need to be reminded of; it is a work which can be taken up with pleasure, and will, we are certain, not disappoint any one who purchases it. The Contents are:—Diseases of the conjunctiva; Diseases of the cornea and sclerotic; Diseases of the iris and vitreous humor; Diseases of the crystalline lens; Diseases of the retina, choroid and optic nerve; Anomalies of refraction and diseases of accommodation; Strabismus; Special injuries of the eye; Diseases of lachrymal apparatus; Diseases of the eyelids; Diseases of the orbit; Formulary of Prescriptions; Page of test types for astigmatism.

THE PHYSIOLOGY OF MAN, DESIGNED TO REPRESENT THE EXISTING STATE OF PHYSIOLOGICAL SCIENCE, AS APPLIED TO THE FUNCTIONS OF THE HUMAN BODY. BY AUSTIN FLINT, JR., M. D., Professor of Physiology and Microscopy in the Bellevue Hospital Medical College, New York; Fellow of the New York Academy of Medicine; Member of the Medical Society of the County of New York, etc., etc. New York: D. Appleton & Co. Toronto: Copp, Clark & Co.

This is a continuation of the Physiology of Man, treating upon the subjects of Secretion, Excretion, Ductless Glands, Nutrition, Animal Heat, Movements, Voice and Speech. The first volume of this work, published in 1866, treated of the blood, circulation, and respiration; and the second volume, published in 1867, was upon the subjects of alimentation, digestion, absorption, and the Lymph and Chyle, leaving only the functions of the nervous system and the processes of generation and development to be considered in a future volume. In our September issue, on page 18, we noticed in the award of the Monthyon prize, that Prof. Austin Flint, Jr., had received honorable mention with a "recompense" of 1,500 francs, for his paper on a new function of the liver. This paper was originally published in the *American Journal of Medical Sciences*, but having attracted the attention of the celebrated physiologist, Claude Bernard, was handed to the committee, and having received their approbation, its author was adjudged the before mentioned award. This gentleman is also well known as the author of one of the best treatises on the practice of medicine. The work before us is rendered more valuable from the large amount of new facts which have been accumulated during the investigations pursued by its author, he having no doubt settled a great number of disputed physiolo-

gical theories, amongst which we may mention the theory of the glycogenic function of the liver, and the discovery of the physiological relations of cholesteroline. The publishers have done their duty, and this work when complete will be not only necessary, but invaluable to the student and practitioner of medicine.

THE MEMBRANI TYMPANI IN HEALTH AND DISEASE; illustrated by twenty-four chromo-lithographs; clinical contributions to the diagnosis and treatment of the diseases of the ear, with supplement. By DR. ADAM POLITZER, of the University of Vienna. Translated by A. MATHEWSON, M. D., and H. G. NEWTON, M. D., Assistant Surgeons of the Brooklyn Eye and Ear Hospital. New York: Wm. Wood & Co. Toronto: Copp, Clark & Co.

The title of this work sufficiently explains the nature of its contents. It is a valuable contribution to the subject of aural disease, and one which we have no doubt will receive a very large circulation. The illustrations are good; type, paper, and binding, excellent.

A HANDY BOOK OF OPHTHALMIC SURGERY, for the use of Practitioners. By JOHN Z. LAURENCE, F. R. C. S., M. B., University, London; Surgeon to the Ophthalmic Hospital, Southwark; Ophthalmic Surgeon to St. Bartholomew's Hospital; Editor of the *Ophthalmic Review*, etc., etc., etc. Assisted by ROBERT MOON, late Assistant Surgeon to the Ophthalmic Hospital, Southwark; with numerous illustrations. Second Edition, revised and enlarged. By J. Z. LAURENCE. Philadelphia: H. C. Lea, 1869. Toronto: Copp, Clark & Co.

CONTENTS.—Methods of examining the eye; General remarks on Ophthalmic operations; Diseases of the orbit; Diseases of the eyelids and eyelashes; Diseases of the Lachrymal and apparatus; Diseases of the muscles of the eye; Injuries of the eye and orbit; Diseases of the conjunctiva; Diseases of the sclerotic; Diseases of the cornea; Diseases of the iris and ciliary body; Diseases of the crystalline lens; amaurosis and amblyopia; Glaucoma; Diseases affecting the whole eyeball; On Vision; Optical defects of vision.

The contents show that the whole field of ophthalmic surgery has been thoroughly attended to, and none but a valuable work could have possibly come from one so well qualified to write upon the subject as Mr. Laurence.

Answers to Queries.

"Dr. A."—If you are already registered, there is no necessity of doing so again. Any case of interest, we will willingly publish.

Selections.

Hydrate of Chloral.

Dr. Jacobi, clinical professor of diseases of children, College of Physicians and Surgeons, New York, in an interesting paper published in the *Medical Record*, gives a very full account of this substance. We give his account of his own experience, and some concluding remarks, which we have no doubt will be acceptable to the profession, as this new anæsthetic is producing a sensation:

Chloral was discovered by Liebig in 1830, it being the final product of the action of dry chlorine on ethylic alcohol. It is a thin liquid, of spec. grav. 1.502; turns thicker gradually, and sometimes changes into an insoluble modification, with development of heat. By mixing chloral with water, the substance gets heated, and within a short time the hydrate of chloral crystallizes in needles. Its difference from chloral consists in the addition of an equivalent of water, yielding the formula, $C_2Cl_3OH + H_2O$. For experimental and therapeutical purposes, this preparation has been found most useful when strictly pure. Impurities are not rare, as in forming chloral by the action of chlorine on alcohol, other accessory products are formed, which have the same irritating effect when in the chloral as in chloroform.

The crystalline needles of hydrate of chloral can be melted down into a solid crystalline mass. It is white or colorless. It is soluble in water; a slight opalescence is found after its being long preserved. Its odour is peculiar, melon-like, somewhat pungent. The solution in water is neutral. When muriatic acid is present in it, a slight addition of ammonia will prove a corrective. Mixed with nitrate of silver, no change of colour ought to take place. When the crystals are treated with sulphuric acid, there ought to be formed a colourless oily layer, turning into a solid mass before long. The watery solution, when mixed with an alkaline solution, turns milky, gets clear again, and yields some chloroform at the bottom of the test tube.

CASES IN PRACTICE.

I. The first patient to whom I administered the hydrate of chloral was a man on board the steamship *Hammonia*. He had been very seasick during the rough passage from Hamburg to Havre, and from Havre onwards. On the 29th of September, he had been without food and sleep for some days; nausea and retching still continued, and he commenced to show the symptoms of approaching exhaustion. I injected into the spare subcutaneous tissue of his abdominal wall, a solution of half a drachm of hydrate of chloral in a drachm of distilled water. His pulse of 90 fell to 68 in twelve minutes, the temperature not being measured, and within a quarter of an hour he fell asleep. He awoke after two hours, asked for food, took a cupful of beef-tea, and retained it. For twenty-four hours he improved; and even in the heavy sea of the following days, was not so sick as to induce me to experiment on him again.

II. A lady of 20, who had suffered from metritis and vesical catarrh for years, and from severe hemicrania, sympathetic vomiting, and sleeplessness, together with serious hysterical attacks during and after menstruation, was taken with the same symptoms in a more than ordinary degree, about the 18th of October. Morphine and codeia did not relieve her complaints, which were further increased by a mucous intestinal secretion and tenesmus. Two evenings in succession, and one morning, she was given two scruples of hypnotic dissolved in two tablespoonfuls of (Croton) water, the medicine each time procuring a sound and quiet sleep, with evident diminution of the morbid symptoms after awaking. No such symptoms, belonging either to the brain or to the stomach, as are noticed after the use of morphine or chloroform, were perceptible.

III. A lady of 25, has suffered from intense parametritis after her second confinement, some years ago. She has never entirely recovered. Her ailments have been increased by hæmatoecæ, repeated three times in the course of 20 months, each time taking place during menstruation. There is in her pelvis an old exudation in the left broad ligament, resulting in local and mammary pain, besides a neuralgic pain along the crista iliæ; and, besides, the remnants of these hæmatoecæ, pressing the uterus downwards and forwards in prolapse and ante-flexion. In consequence of this malposition and some catarrh, her bladder must be emptied from twelve to fifteen times a day, and then she is compelled to rise from six to seven times every night. That her menstruation is very much disturbed by local pain and general symptoms, I need hardly add. She took, two nights before her menses set in, and when the symptoms became aggravated, two scruples of the hydrate of chloral in a tablespoonful of water, and had an uninterrupted quiet sleep for 10 hours, after having not enjoyed a single quiet night for years, in spite of the internal and subcutaneous use of all sorts of narcotics. The next night she had the same effect from two scruples. Her menstruation set in the following day, and she kept her bed, as always during that period, to prevent any disturbance. The dose was reduced to half a drachm for four subsequent nights, each time with the above result. No headache, no constipation, nor any other untoward symptom showed itself afterwards, the effect being confined to producing a sound sleep; for the symptoms, as mammary pain and vesical spasm, returned every day after she woke up. I am not yet prepared to say whether the remedy will have, in this case, a lasting antineuralgic effect, as the original cause is not removed; but the nervous irritability may still be allayed to such a degree as to render her sufferings much more endurable. That such an effect is likely to take place, I feel like concluding from the fact that this last menstruation was not disturbed by hysterical attacks, from which my patient has frequently suffered during this period.

IV. A lady of 30 was confined, on the 19th of October, of her sixth child. Her physical condition has always been tolerably good, with the exception of slight parametritic troubles after her third confinement. This affection was combined with sacral neuralgia, which lasted much longer

than the presence of chronic parametritis could be proved (even after she had been confined with two more children), and neuralgic affection of the muscular insertions along the lower dorsal and the lumbar spinous processes. Now and then she would also, when slightly out of health, be attacked with hysteric symptoms belonging to her brain and pneumogastric nerve. After this last confinement she appeared feebler and more irritable than ordinarily; and on several days in the afternoon and evening, her temperature would rise to 103° and 104° without my being able to diagnose a tangible cause. She was feeble, irritable, sleepless, and had crying spells and other hysteric symptoms. She was sleepless to an embarrassing degree, neither quinia nor morphia relieving her of this symptom. Three-quarters of a grain of morphia, administered in the course of twelve hours, procured no sleep, but left her, for about twenty hours after the last dose of three-eighths of a grain, more hysterical and restless and sleepless than before. In addition, a contracted pupil, dry tongue, and delirium, showed the dose of morphia she had taken to be larger than she could well tolerate. In this condition, on the sixth evening at 9 p. m. (after a dose of forty grains of bromide of potassium had been also used on the fifth with no effect or very little,) a dose of two scruples of hydrate of chloral was given internally, in two tablespoonfuls of water. Within twenty minutes she was asleep, awoke after three hours to drink water, fell asleep again; and, although getting awake from time to time, passed a good night, felt rested and satisfied in the morning, had no headache, a better appetite than any previous day, and no more hysteric attacks.

V. A lady of 48, of Brooklyn, I saw in consultation a week ago. She suffers from pulmonary consumption. There is a dull percussion sound, both anteriorly and posteriorly, over her right lung, and bronchial respiration, and partially roughened respiratory murmur, on the left side. For six weeks past, after having been hoarse for a long time, she has lost her voice from laryngeal ulcerations, which appear to be very extensive, inasmuch as the usual form, in such cases, of pharyngeal degeneration has already developed itself. She coughs a great deal; has pains belonging to the larynx, pleura, and diaphragm; and, partly from general distress, partly from fever and cough, sleeps but little and interruptedly. Morphia has relieved her for some time, but its effect, although the doses have been increased, is ceasing to be satisfactory. She took a dose of forty grains of the hydrate dissolved in but little water, on the evening of the 24th of October, and passed a better night than before, in spite of the copious laryngeal, tracheal, and bronchial secretion and cough, waking her a number of times. A single disagreeable symptom, however, noticed, viz., pain in the ears. The patient complained bitterly, evidently from the effect of the remedy on the mucous membrane of the throat. Undoubtedly the pungent taste and effect of the agent might have been reduced or obviated either by the addition of more water, or by its mixture with a mucilage. Of this patient, no news has reached me since.

This much is sure in my mind—that Dr. Liebreich need add no other discovery to this one, to deserve

the gratitude of both the profession and mankind for his valuable addition to our therapeutical treasures. I hope I have impressed the gentlemen who have so long listened to me with the necessity of studying the subject of this paper; and I do not hesitate to express my belief that there is a great future in store for the hydrate of chloral.

For future investigations I propose the following questions:—

Why is it that Richardson has met with vomiting, while neither Liebreich nor myself has been troubled with this disagreeable symptom?

Will hydrate of chloral reduce the temperature of a sick animal (say in pyæmia) as surely and steadily, in large or small doses, as in the healthy one, and is it promising of effect as a febrifuge, perhaps even happier than that of quinia.

What is the proper antidote in case of poisoning; and will the induced current prove such antidote, as some observations in my experiments appear to show?

All of these questions I take the liberty of here proposing, for your consideration and study; and if I should succeed in future in answering them, or one of them, myself, I shall feel but too happy to be permitted to state my results here, for your further examination and judgment.

Further Experiments with Chloral; its great value as a Therapeutical Agent, especially in Chorea.

Chloral is still the great scientific attraction here, and I believe there is scarcely an hospital physician, or surgeon, or chemist in Paris who is not more or less experimenting therewith at present. Every week fresh results of experiments are brought forward, either at the Academy of Medicine, or that of Sciences; and indeed the last sitting of this latter Society was unusually interesting from a medical point of view, on account of the variety of communications on the subject *à la mode*. The results of the meeting was much in favor of Liebreich's views of the properties of chloral, and of its transformation into chloroform when once in the human organism. M. Bouchut's memoir, which formed the main feature of the sitting, clearly expresses these views; whilst M. Bussy, one of the Academicians, announced a forthcoming communication from M. Personne (a French chemist of great distinction), whose researches on chloral have also turned out in favor of Liebreich's statements. M. Dumas wound up the discussion by a few words of encouragement, most eloquently expressed, to the young medical generation. There was a field, he said, for young medical workers! Two substances, namely chloroform and chloral, which at the time of their discovery a purely theoretical point of view have since taken a place among the most precious therapeutical agents: chloroform for surgery, and chloral for medicine. How many other compound bodies were doubtless in the same case.

These last communications on chloral at the Academy of Sciences have been the more favorable to Liebreich's views, as all the preceding ones had more or less contradicted them. If you remember, I mentioned at the time that Demarquay, who was the first to experiment here with chloral, question-

ed the anæsthetic properties of the drug, whilst admitting that it was a most excellent hypnotic. On the other hand, M. Léon Labbé admitted its anæsthetic properties; but both these investigators denied the transformation of chloral into chloroform. M. Bouchut now declares—and I must sum up briefly, so as not to devote too much of my letter to this subject—that chloral is a powerful sedative of the nervous system, motor as well as sensitive; that it must be employed in a crystallized form, and perfectly pure; that it must not be administered beyond doses of five grammes to adults, and one to two to children; that it is dangerous to employ it in any subcutaneous injections; that it is more speedily absorbed by the rectum than by the stomach; that its action is that of chloroform, into which it is transformed within the human organism; that it brings on sleep, sometimes accompanied by a not unpleasant intoxication, seldom by hyperæsthesia, and most frequently by anæsthesia, which is more or less complete, according to the strength of the dose.

There is one point which M. Bouchut seems to have investigated with peculiar care—I mean the therapeutical properties of chloral; and as this part of the subject has been less ventilated than that of the physiological effects of the substance, I subjoin in M. Bouchut's own words, the results of this practice:—"As a therapeutical agent, hydrate of chloral is the sedative of violent pain in gout; of the atrocious sufferings occasioned by nephritic colic and dental caries; in a word, it is the very best of anæsthetics administered through the stomach. Lastly it is the quickest and most efficacious remedy in intense chorea, when it is required to abate speedily a condition of restlessness which is in itself a peril to the patient."—*Paris Correspondent, Lancet.*

University College Hospital.

OPERATIONS BY MR. MARSHALL.

1. *Amputation of the Leg.*—On the 4th inst. amputation at the lower third of the leg was performed on a man whose foot and ankle had been much damaged through the inflammatory processes following a severe crushing injury. There was great loss of integument, especially over the outer malleolus, and extensive sloughing, which had involved the ankle-joint and caused softening and detachment of the articular cartilages. The operation was one of much interest, in consequence of a further modification in a plan of dealing with stumps, which, though frequently practiced by Mr. Marshall, has not, we believe, been hitherto tried by other surgeons. The two flaps were lateral and rectangular, of equal dimensions, and of large size, as they extended for some distance in front of the ends of the bones. After the arteries had been closed by torsion and the edges of the wound approximated after the usual manner by interrupted sutures, two strong wire sutures were passed deeply through the substance of both flaps close to the ends of the bones, so as to bring together and maintain closely in contact the inner muscular surfaces of the stump. It had previously been Mr. Marshall's usual practice to supplement these deep sutures by two well-

padded wooden splints, which were applied over the flaps; but on this occasion those appliances were replaced by two long strips of bandage well saturated with a paste of plaster-of-Paris. This change was instituted for the purpose of obviating the disturbance of the flaps through a displacement of the wooden splints which is rendered necessary for the removal of the deep sutures on the third or fourth day after amputation. The wire sutures can be readily withdrawn through the plaster splints without necessitating any movement of the apparatus covering the stump. No sponges were used during the operation, and after the stump had been secured the wound was covered by lint dusted with creasote powder.

Mr. Marshall, in some remarks made after the operation, stated that this plan of treating stumps was proposed as a more effectual means than the method of bandaging for keeping their muscular surfaces at rest and in close contact with each other; and also for preventing collections of blood, pus, and other irritant fluids between the flaps. In many stumps, after speedy union has taken place between the edges of the external wound, recovery is frequently retarded in consequence of a deep-seated accumulation, which must find its way to the surface sooner or later. The stump resulting from this plan of amputation seems at first large and unsightly, as the redundant flaps form a fin-like appendage. This, however, by the subsequent relaxation and partial absorption of the soft structures of the stump, becomes much reduced in size, and ultimately constitutes a firm and useful extremity. The deep sutures have been applied by Mr. Marshall in several cases of amputation; and there will, doubtless, be ere long a sufficient record of cases for enabling surgeons to judge of the utility of a plan of treatment which seems to be well adapted to lessen the time of healing of a stump, and, consequently, to prevent erysipelas, pyæmia, hectic, burrowing of pus, necrosis, and all the general and local complications which result when a stump does not heal favourably.

2. *Plastic operation for Chronic Ulcer.*—The subject of this case was a young and healthy agricultural laborer, who, some few months before his admission into University College Hospital, had received a severe injury to the soft structures about the left knee. This was followed by extensive sloughing of the integument, and the formation of a large granulating surface over the front of the leg and the popliteal space, which had cicatrised favourably over a great part of its extent, but left a long and narrow ulcer extending across the posterior surface of the knee-joint. This, in consequence of the retraction of the surrounding cicatrised tissue, and of the frequent action of the hamstring tendons situated immediately under its base, could not be made to close, and the man was sent to Mr. Marshall under the supposition that amputation would be required. The limb was kept at perfect rest and in the extended position for about five weeks; but as this treatment had very slight effect upon the size of the ulcer, Mr. Marshall decided upon performing the following operation, in order to give the patient a chance of retaining a useful limb:—The edges of the ulcer having been pared, a long flap of integument was transplanted

from the thigh, the lower third and the pedicle being formed from the outer surface of the thigh, and the upper two-thirds and apex from the posterior surface. This flap was then applied over the surface of the ulcer, and fixed there by four wire sutures. The wound formed by the removal of the flap, was very large, in consequence of the retraction of the skin and subcutaneous soft parts. Its edges were brought together by needles and twisted sutures. Mr. Marshall stated that in operations for transplanting it was necessary to cut out a flap much larger than the raw surface to be covered, to make the pedicle wide, and to avoid twisting of this part, for fear of reducing the amount of vascular supply. The edges of the flap were attached by as few sutures as were necessary, so as to avoid tension upon any part of the transplanted skin. As another precaution to ensure vitality of the flap, the only application to the back of the knee after the operation consisted in a layer of soft cotton-wool.

3. *Removal of Fatty Tumour.*—Mr. Marshall, in some remarks made after the excision of a small fatty tumour from the side of a young woman, stated that the operation was required for the relief of the pain which is occasionally caused by this form of morbid growth, probably through inclusion of some nerve-fibres in its substance. With fatty tumours situated under soft elastic integument, as that upon the front and sides of the chest, and in the axilla, transfixing the subjacent tissues with a knife, forcible removal of the growth with the fingers, and complete occlusion of the wound by twisted sutures and firm pressure upon the surrounding skin, generally result in a rapid healing by first intention, and often without the secretion of a single drop of pus.—*Lancet.*

A Case of Cystic Disease of the Kidney, with Dilatation of the Ureter, and Atrophy of the Bladder.

By C. C. SHERARD, M.D.,
OF MOBILE, ALABAMA.

On the 23rd March, 1866, Mr. T. S. came into my office suffering with retention of urine. He stated that he had had frequent attacks of a similar nature, and that he was certain that the obstruction to the flow of urine was a clot of blood in the urethra. I introduced a No. 10 catheter, and encountered the obstruction in the membranous portion of the canal. After some little manipulation, failing to pass the instrument into the bladder, it was withdrawn, bringing away with it, entangled in the fenestrum, a clot of blood. This was followed by about three ounces of urine, and the urine by about two drachms of red blood.

Mr. T. S. was born in the State of Alabama, was thirty years old, and an engineer by trade. He was delicate and sickly from childhood, and had suffered for some thirteen years, namely, from the time he was eighteen years old, with attacks of what his physicians supposed to be hæmorrhage of the bladder. He had been obliged to pass water very frequently during both day and night—the quantity passed at any one time having been always small. As he advanced in years the hæmorrhage

grew more frequent and distressing, the dysuria at the same time becoming more and more urgent. Eleven years before he had had an attack of constipation of the bowels, attended with convulsions. Nine years before he had had hæmorrhage from the lungs. For several years he had been troubled with vomiting.

Some four weeks after Mr. S.'s visit to my office, I was called to see him at his residence. He presented a cachectic hue, was very feeble, and had fever. He complained of great pain in the back, over the region of the left kidney. This pain seemed to extend upward, to cross over to the other side of the body, and then down through the right kidney, and along the right ureter, to the bladder and the prostate gland. He passed a few drops of blood from the urethra every few minutes, with a great deal of pain. He was vomiting frequently, the bowels were costive, and the tongue was furred over with a yellow coat. These symptoms grew continually worse, the pain being most intense in the left kidney and the prostate gland. After about ten days, in addition to the hæmorrhage from the urinary organs, which continued without abatement, he had hæmorrhages from the bowels, the mouth, the nose, and the ears. On the seventeenth day of my attendance, he died, with symptoms of uræmic poisoning.

POST-MORTEM EXAMINATION TWO HOURS AFTER DEATH.

The body was greatly emaciated, and covered with purple spots. The stomach, liver, spleen, and bowels, showed no abnormal changes. The left kidney—the constant seat of greatest pain—seemed also to be in a healthy condition. The *right* kidney was enlarged to double its natural size. The pyramids of Malpighi, and the whole tubular portions of the organ were utterly destroyed, while the cortical structure was thickened and greatly distended. The whole kidney, in a word, presented the appearance of a multiple cyst—one large sac, divided first into two smaller sacs, and each of these two smaller sacs divided into four others still smaller, all communicating through the pelvis with the ureter. The right ureter was also greatly enlarged, being one inch in diameter where it emptied into the bladder. The bladder was so much contracted as to hold only about two drachms of fluid; its walls were very thick, at least half an inch; and it was closely attached to the pelvic bones. The prostate gland was greatly enlarged.

In this case the sacculated kidney, and the dilated ureter, evidently performed vicariously the functions of the bladder as a reservoir of the urine, their joint capacity being about three ounces. The entire tubular structure of the right kidney being destroyed, the whole labor of the urinary secretion fell upon the left kidney. The urine, thus separated from the blood by the left kidney, passed through the left ureter into the atrophied bladder, and then welled up, filling completely the dilated right ureter and kidney. The hydraulic pressure thus exerted must have extended also to the left kidney; and, doubtless, to this hydraulic pressure, added to the excitement from overwork, is to be attributed the intense pain exhibited by that organ.

The pathology of this disease is not very evident,

but it may help to a probable solution to know that cancer was hereditary in the patient's family.

I saw during the late war a case in which the symptoms were very similar. A Confederate soldier had great trouble with his bladder, great pain, frequent micturition hæmaturia, etc. The bladder was found, by exploration with the catheter, to be of very small capacity.

During my service in the Philadelphia Hospital, an old woman was admitted for what was supposed to be ovarian dropsy. Her age and debility rendered an operation inexpedient, and she soon died. The *post mortem* revealed the fact that the tumor was not ovarian, but an immense sacculated kidney, containing half a gallon of fluid. In her case there was a bladder of normal size.—*N. Y. Med. Jour.*

A Case of Hæmorrhage of the Alveola, with Remarks upon Odontome, Osteome and Osteo-odontome.

BY DR. O. SALOMON,
BERLIN.

In the monthly Association of the Physicians in Heiemark, Dr. Tanzer, Doient of Dental Surgery in the University of Graz, related the following cases, which I think ought to be mentioned.

The first case is that of Mr. G. T., officer in the Austrian army, aged 64. He was of robust and plethoric constitution. His previous health had been excellent, and he had never suffered from hæmorrhage after the extraction of teeth or incised wounds. On the 9th September, 1868, he went to the office of Dr. Tanzer, suffering from a severe periostitis alveolaris, and periodontitis of the second right lower molar. Chloroform, tannin, carbolic acid, the local application of three leeches, and morphia internally had no effect whatever. On the third day, at 4 o'clock in the afternoon, the tooth was so sensitive that the slightest touch caused the greatest pain, and it became necessary to remove it with local anæsthesia. The hæmorrhage was an ordinary one and stopped completely after twenty minutes. Early on the following day the patient returned again, and stated that the hæmorrhage had commenced at 11 o'clock the previous evening, and notwithstanding the application, by a surgeon, of the liquor ferri, it continued profusely. Dr. Tanzer applied the liquor ferri sesqui-chloridi, with ice water internally and the mouth gargled with alum and tannin, used a tampon, a plaster of paris impression and afterward a gutta-percha impression fastened by means of a bandage around the jaw and temples, but all to no purpose. Finally, it being impossible to replant the extracted tooth owing to the great sensibility of the alveola, and not liking to use the actual cautery, Dr. T. concluded to apply a compress, which was made from a silver plate, and provided with a gold clasp to fasten on the adjacent teeth.*

At 7 P. M., the same day, this compressor was applied over a tampon saturated with carbolic acid. Immediately the hæmorrhage ceased. Every two

days the compress was removed to be reapplied, after cleansing the mouth. During these removals there twice appeared a small hæmorrhage. The patient continued to use this apparatus until the cavity in the alveolar was filled with granulations. The literature of the subject shows a great many cases of alveolar hæmorrhage, resulting from the extraction of teeth and terminating in death. In many it was necessary to employ the actual cautery, in many to tie the carotids. I am perfectly convinced that a resort to these agents are unnecessary and that the compress will answer in all cases. I am not very fond of these instruments of torture from the middle ages, such as caustics, vesicants, blood letting, etc., and I have always avoided them in my practice. I am glad to learn the opinion of Dr. Niemeyer upon a case of alveolar hæmorrhage, resulting from the extraction of a tooth.* He declares that after the failure of the actual cautery (twice applied) and all the therapeutical agents which it was possible to employ the patient's life might have been saved, had there been present a dentist to take the impression of the adjoining teeth, and adapt an artificial compressor to them. (It is to be regretted that in diseases of the gums and mouth, physicians do not seek consultation with dentists). Dissection of the tooth in the case of Dr. T. showed in the body odontome and in the roots osteome, both new formations. In the central portion, the canal was free, both full of old pulp follicles. The root of the pulp was obliterated, which in Dr. T's opinion was the cause of the severe periostitis, alveolaris and periodontitis, and the inefficacy of all therapeutical measures.—*American Journal of Dental Science.*

Sulphite of Soda in the Treatment of Tinea Capitis, Crusta Lactea, and Scrofulous Otitis.

BY CHAS. M. WATSON, M. D., OF BROOKVILLE, PA.

December 4th, 1867, I was called to see a child six or eight months of age, with a very severe scald head, the entire scalp and nearly one-half the forehead being covered with its characteristic incrustation. So rapid had been the progress of the disease, that fears were felt a large portion of the face might become implicated before its progress could be arrested. The child was of a scrofulous diathesis, but had no derangement of the stomach or bowels; was very restless and slept but little. Considering the disease cryptogamic, I determined to try the efficacy of sulphite of soda, and accordingly ordered the following solution: R. Sodæ sulphit., ʒss; Aquæ destil. Oj; with which thin linen compresses were saturated and kept constantly applied to the diseased scalp and face, the application being renewed frequently enough to keep the scabs moist. The result greatly exceeded my expectation. In a few hours the crust began to crack, became detached, and by the next evening none of it remained. The strength of the solution was then reduced one half, as the former solution caused much pain,

*Why not gold alone, or, if too expensive, vulcanite rubber. The combination of two metals will cause an electrical action in the mouth.—Dr. O. S.

**American Journal of Dental Science*, June, 1869. Death from Hæmorrhage by Dr. O. Salomon.

and it was thought necessary to have the solution only sufficiently strong to prevent the development of new cryptogams.

No new crust formed, and the scalp and face healed rapidly, and entire recovery took place in about two weeks. No other treatment was required.

Crusta Lactea, another disease incident to childhood, particularly during the period of dentition, rapidly disappears on the application for a few days of *sodæ sulphit.*, ℞ij; *aquæ destil.*, glycerinæ, ℞ā ʒss. The parts diseased should be moistened three or four times daily.

I have found the same prescription an invaluable remedy also in serofulous otitis. The ear should be well washed out with warm water and castile soap, and dried with cotton wool, after which eight or ten drops of the solution may be dropped into the ear and the air excluded with a pledget of cotton. This should be repeated thrice daily as long as the ear discharges.—*Amer. Eclectic Med. Review.*

Proceedings of Societies.

Clinical Society of London.

FRIDAY, NOV. 12TH.

MR. ERICHSEN IN THE CHAIR.

Dr. Henry Thompson communicated a case of Ascites successfully treated by Copaiba. G. W.—, aged sixty, was admitted into hospital under Dr. Thompson's care, on November 30th, 1868, with ascites, puffy ankles, pulmonary œdema, and scanty urine with albumen. During the following three months various remedies were employed, quinine and iron amongst others; but his condition became worse and worse, the increase of liquid in the peritoneum being so rapid that paracentesis was three times required. In March, the administration of copaiba was commenced, the dose being gradually increased until fifteen minims were taken every six hours. The improvement was immediate. The quantity of urine increased from fourteen ounces daily to several pints, and the belly measurement diminished from day to day. He left the hospital convalescent on May 16th, and is now in good health. In his comment on this case, Dr. Thompson pointed out that, although the quinine and iron may have contributed to the result, yet improvement commenced before they were given, and he considered that the copaiba acted beneficially as a diuretic.

The Treasurer communicated two cases of Ascites, with Albuminuria, similarly treated by Dr. Living. In one of these cases the ascites was associated with anasarca of the lower half of the body; in the other there was no anasarca. Both patients had been ill for several months. Here, as in Dr. Thompson's case, the beneficial action of the remedy (which was given alone) manifested itself in increased discharge of urine, and diminution of the ascites and dropsy. Both patients left the hospital with albuminous urine, but otherwise well.

Dr. Clapton commenced the discussion by remarking that in one case that came under his observation

a large number of copaiba capsules were taken with good effect. His experience of the drug in cases of this kind, however, went to prove that it only acted occasionally as a diuretic, and that the results were not usually satisfactory.

Mr. Erichsen was disposed to doubt the value of copaiba as a diuretic, but had no experience of its effects except in cases of gonorrhœa.

After some general remarks from Dr. F. Simms, and Dr. R. D. Powell,

Dr. Greenhow said that in Dr. Thompson's case, which had some time previously been under his care, quinine and iron had been given without any good effect; that, according to his belief, the copaiba treatment is least useful in cases of ascites dependent upon heart disease, and most useful in hepatic maladies. He supported this opinion by reading a successful case, and stated his conviction copaiba acted decidedly as a diuretic.

Mr. J. J. H. Bartlett described a case of hereditary syphilis appearing after vaccination, complicated with paralysis of both arms. The case appeared to be one of those in which the vaccinal fever raised the disease into activity, which, though present in the system, was dormant. The paralysis was not simply infantile, but was most likely caused by some deposit high up on the spinal cord and on its membranes; and the lesion pressed almost equally on both halves, as both arms were affected. The cases in which paralysis occurs in hereditary syphilis are very rare; for none such are mentioned in their works by Diday or Lancereaux.

Mr. Barwell related a case in which a suspicious eruption occurred, attributed to vaccination. In this instance, however, there was no suspicion of hereditary syphilis; and it was proved that six other children had received vaccine from the same source without ill effects.

Dr. Cholmeley remarked that age had much to do with the propagation of unhealthy material of vaccination; but that one instance only is on record in which a syphilitic eruption was produced by vaccine matter.

Mr. Callender brought before the Society the history of a case in which Colotomy was performed for the relief of Cancer of the Rectum, which illustrated the advantages gained by opening the colon in cases of this nature, and tended to confirm the statements made by Mr. Curling in the various communications in which he has advocated the operation. The patient, after suffering from symptoms of cancer of the lower bowel, was suddenly unable to pass feces, and the descending colon was at once opened, with great relief of the urgent symptoms, and with entire removal of the great local pain from which the patient had continuously suffered. Two months after the operation he was quite convalescent. The discomfort from the artificial anus is practically none.

Mr. Erichsen said that this operation had been performed in Paris with great success, and with very good results. It was also particularly recommendable in cases where intense pain existed, on account of the passage of feces over the ulcerated surface of a cancer of the rectum, but that the operation was more difficult, because the bowel was not distended. In cases of imperforate anus in children the operation was successful; and a very suc-

cessful case of this kind occurred in Mexico, in which the opening in the lumbar region was covered by a spring truss, to the perfect comfort and health of the patient.

A Member remarked that colotomy had been performed by Mr. Curling without chloroform, to save the risk of vomiting.

Mr. Cooper Forster had performed the operation four or five times. He once experienced some difficulty by having made his incision immediately over the diseased structures, but had always made the vertical incision; and considered that in cases of imperforate anus the opening should be invariably made in the groin, rather than in the lumbar region.

After some remarks from the Chairman, Mr. Barwell and Mr. Moore, in which Mr. Hilton's name was conspicuously connected with the operation,

Mr. Christopher Heath remarked that the steady injection of the colon with water was an important matter, as it made the operation easier, safer and cleaner.

Some remarks were then made by Mr. Cooper Forster, Dr. Burdon-Sanderson, and others, respecting the antiperistaltic movements of the intestines, in the course of which Dr. J. E. Pollock explained Dr. Brinton's views on peristaltic action, and deduced therefrom that this action should be restrained in these cases by the administration of opium.

Mr. Henry Arnot related a case tending to show the superiority of the vertical over the transverse incision.

Mr. Callender closed an interesting discussion by saying that in all the operations performed at St. Bartholomew's Hospital an oblique incision was made, because it appeared to give more working room; and remarked that, when the outer border of the quadratus lumborum was reached, the bowel might be easily found.—*Lancet*.

Dislocation of the Elbow; A New Method of Reduction.

By THOMAS WATERMAN, M.D.

Finding no record in the surgical text-books, of the method described below, I have thought the following case and comments worthy of publication.

On the 9th of May last, I was called to visit Mrs. L., aged 30. She stated that, when near the bottom of a flight of stairs, she had tripped and fallen down the last three steps, striking with the whole weight of the body on her extended hand. As the accident had happened but half an hour previously, there was no swelling to mask the lesion. The left elbow was flexed at a right angle, and all motions were attended with great pain. After etherization, the ulna was found to be dislocated directly backward at the elbow, as shown by the unusual prominence of the olecranon, depressions on either side of the triceps tendon, and resistance to complete extension of the forearm, which was twisted and pronated. The head of the radius rotated in its

normal position, and no other lesion—neither dislocation nor fracture—could be detected.

Assuming that the patient's statement was correct, it seems strange, in view of the intimate connection of the carpal bones with the lower extremity of the radius, that Colles's fracture of that bone did not occur; or, failing this, that the head of the radius was not forced out of place, either alone or in addition to the dislocation of the ulna.

Faithful trials of Sir Astley Cooper's method of bending the arm over the knee, and Mr. Skey's method of extending the forearm directly downward, in a line with the upper arm, failed to produce any effect.

I then succeeded in reducing the dislocation by bending the forearm backward beyond a straight line, when, without any extension downward, the ulna returned to its normal position with a slight shock. An internal angular splint was applied, and evaporating lotions recommended. In eight days the splint was removed, the patient allowed to carry the arm in a sling and to execute slight motions in the joint daily.

The *modus operandi* of this method is as follows, viz.: When the ulna is dislocated backward at the elbow without the fracture of the coronoid process, the latter occupies the olecranon depression of the lower end of the humerus, and often requires considerable force to remove it from its abnormal position. By the method above described, the forearm is used as a lever, with the power (hand of the surgeon) at one end, the fulcrum (olecranon) at the other end, and the weight to be moved (coronoid process) between. As the forearm is extended backward beyond a straight line, the olecranon impinges against the lower end of the humerus and becomes a fixed point or fulcrum; by continuing the forced extension, the coronoid process is lifted out of the olecranon depression of the humerus, and, when this is accomplished, the tonic contraction of the brachialis anticus muscle restores the ulna to its natural place.

It will be seen that this method of reduction is exactly the reverse of the process by which the bone becomes dislocated, although it returns by the same path by which it escaped; these two facts, it seems to me, should be borne in mind in the reduction of all dislocations, and additional proof of this statement may be derived from a study of Prof. H. J. Bigelow's system of reducing dislocations of the hip by manipulation, and Dr. Crosby's method of reducing dislocations of the thumb.

The method is capable of the most decisive demonstration with macerated specimens of the ulna and humerus, and might be employed in dislocations of both radius and ulna backward. It would be especially efficient in the reduction of old dislocations after the adhesions have been thoroughly broken up.

Since writing the above, I have noticed in a late number of this Journal the account of a case, copied from the *London Medical Times and Gazette* for July 17, 1869, p. 79, in which essentially the same method, i. e., excessive extension, was successfully applied to the reduction of a vertical dislocation of the patella.—*Boston Med. Jour.*

Fourth Annual Report of the St. Catharines, (Ont.)
General and Marine Hospital.

President—Hon. J. R. Benson.
Treasurer—Thomas Burns, Esq., P. M., St. Catharines.
Secretary—Thos. L. Helliwell, Esq.
Trustees—Jas. Norris, Esq., Bernard King, Esq., C. Stovin, Esq.
Manager and Consulting Surgeon—T. Mack, M. D.
Consulting Physician—E. Goodman, Esq., M. B.
Attending Physician and Surgeon—F. L. Mack, M. D. & C. M.
Surgeon Dentist—Lawrence Lemon, Esq.

The Board of Trustees in issuing a statement of the affairs of this Institution for the fourth year of its establishment beg leave to report that owing to the munificence of the Local Legislature and the Dominion Parliament, they have been enabled not only to sustain the Charity efficiently, but also to set apart the sum of Four Hundred Dollars as a nucleus for a Building Fund.

An inspection of the List of Diseases and admissions will show how large an amount of substantial relief to suffering poverty has been afforded at a moderate cost.

The thanks of the friends of the Hospital are due to J. C. Rykert, Esq., M. P., for Ontario, and to Thos. R. Merritt, Esq., M. P., for the Dominion, for their exertions in bringing the claims of the Hospital before the respective legislative bodies.

The Trustees also gratefully acknowledge the receipt of several contributions from visitors (patients of one of the medical men connected with the Hospital) and appeal to the inhabitants of St. Catharines and neighborhood for continuous support.

T. HELLIWELL, Secretary.

PHYSICIAN'S REPORT

For the Year ending Thirty-first July, 1869.

In-door Patients.....	103
Out-door do	76
Total.....	179

Of in-door Patients there were cured	76
Improved.....	18
Incurable.....	3
Died.....	6
Total.....	103

Out-door Patients relieved or cured. 76

Residence of Patients.

From St. Catharines.....	35
From County of Welland.....	17
From County of Lincoln.....	34
From other parts of Canada.....	13
Arrivals from England.....	2
United States or Foreigners.....	2
Total.....	103

Sexes.

Females	47
Males	56
Total.....	103

And out of the latter there were twenty sailors treated.

Diseases treated in the St. Catharines General and Marine Hospital, between 1st August, 1868, and 31st July, 1869.

Diseases.	In-door Patients.	Out-door Patients.	Total.
Bronchitis	3	6	9
Neuralgia	0	1	1
Syphilis	2	3	5
Contusion	3	7	10
Dyspepsia	1	3	4
Indigestion.....	0	2	2
Rheumatism.....	2	8	10
Fistula Lachrymal	1	2	3
Intermittent Fever.....	15	5	20
Asthma	0	10	10
Catarrh	0	3	3
Otitis	0	1	1
Abscess	2	1	3
Constipation.....	0	1	1
Hysteria.....	0	8	8
Epilepsy.....	0	1	1
General Debility	2	3	5
Pleuritis.....	0	2	2
Struma	0	2	2
Morbus Pedicularis.....	0	2	2
Diuresis	0	1	1
Ulcers.....	0	1	1
Diarrhoea.....	1	1	2
Psoriasis Palmaris	0	1	1
Tumours	1	0	1
Morbus Uteri	26	0	26
Anchylosis.....	1	0	1
Conjunctivitis	1	1	2
Tuberculosis.....	2	0	2
Typhoid Fever.....	1	0	1
Dysentery.....	1	0	1
Gonorrhoea	1	0	1
Chlorosis	1	0	1
Caries Os Calcis.....	1	0	1
Lupus.....	1	0	1
Epithelioma	1	0	1
Spermatorrhoea.....	1	0	1
Pregnancy.....	4	0	4
Frost Bite.....	4	0	4
Overalgia	1	0	1
Pleuro Pneumonia	4	0	4
Subluxatio	1	0	1
Arthritis	1	0	1
Ossification of Aortic Valves	1	0	1
Eczema	1	0	1
Retroversion of Womb.....	1	0	1
Phthisis	4	0	4
Incised Wounds	1	0	1
Ophthalmia.....	4	0	4
Fibroid Tumor of Womb...	1	0	1
Amenorrhoea.....	1	0	1
Mental Aberration	1	0	1
Lumbago	1	0	1
Alcoholism.....	1	0	1
Caries of Tibia.....	1	0	1
Total.....	103	76	179

FRANCIS MACK, M. D.,
Physician and Surgeon.

Account of Receipts and Expenditures for year
ending 31st July, 1869.

1868. RECEIPTS.	
Balance in Treasurer's hands, 31st July	\$ 614 51
Dominion Grant	500 00
Cash from Ladies and Gents. at Sp'g B'k	33 54
Proceeds of Meeting at Town Hall	8 92
Donation from Messrs. Norris & Neelon.	50 00
Proceeds of Tableaux at Town Hall.....	79 07
Government Local Legislature Grant ...	1000 00
Corporation St. Catharines do ...	100 00
T. R. Merritt, half-year's subscription...	12 09
Donation, Mrs. Buchanan.....	1 59
Int. Corporat'n Debent's, Nos. 187, 189.	16 00
	\$2,415 96

-EXPENDITURE.	
Paid for Patients' subsistence and Con- tingencies, (including salary of stew- ard and Nurse)	1025 00
Paid Rent.....	112 50
Paid J. Kippen, Cleaning	12 00
W. Taylor, Limewashing Hospital	10 00
J. Seymour, Printing.....	3 32
Wm. Pay	27 50
2 Debentures in N. D. Bank, Nos. 187 and 189 on acc't of Building Fund.	400 80
Miss Stovin for Linen and Furniture ...	31 50
Mrs. Clifford, for sundries.....	9 00
Deposit of Int. on 2 Debentrs. in N. D. B.	16 00
	\$1,647 03
Balance on hand.....	768 92

\$2,415 95

THOS. BURNS, Treasurer.

To the Ladies' Aid Society of the General and Marine Hospital.

Ladies—I am gratified in this, my fourth yearly report, upon the affairs of our Hospital, to be able to state that they are prospering favorably. All patients upon leaving, express themselves grateful as to the tenderness and consideration shown them by the Doctors, and the comforts provided for them when in Hospital. Clergymen of all denominations, and members of the Young Men's Christian Association, visit the wards often, and residents and strangers are warmly invited to declare any interest they may feel in our institution by going through the building and making any inquiries they wish from the Steward, Matron and Patients. The house is furnished with all necessaries, and we have now sufficient stoves to keep us comfortably warm through the winter. The state of the funds you will see from the Treasurer's report. I sincerely wish they were larger; then our sphere of usefulness would be extended wider and a larger number of patients admitted.

I remain, Ladies,

Your very obedient servant,

MARGARET ANNE STOVIN,
Secretary to the Ladies' Aid Society.

Medical News, News, &c.

Syphilis Inherited and Transmitted by Nursing.

By J. C. GRUBBS, M.D.

It is admitted at the present day that syphilis can be communicated by contact, and that especially, delicate mucous surfaces are liable to the transmission of the virus. Last summer an instance of this kind fell under my immediate observation, which was to me conclusive of this fact. While at Red River Landing, on the north shore of Lake Superior, my attention was called to a very pretty young squaw, who, although but a wreck of what she once was, still was beautiful. Meto, the Indian girl, in a dark hour fell a prey to lust, was infected with syphilitic taint, and deserted. Giving birth to a babe, in a lonely spot near the Grand Portage, she was found suffering from disease and starvation. The Jesuit priests becoming interested in her behalf, sent her to a hospital in Toronto for treatment, and the child was given to its grandmother to rear, according to an Indian custom. To quiet the babe, she suffered it to use her breasts, and through the act received the disease herself in its most virulent form, the indurated sore presenting itself on the areola, and producing all its constitutional effect, on her system. The child died with the diseases and the grand parent can only find a termination of her sufferings in a similar fate.—*Oregon Med. & Surg. Rep.*

"What becomes of Medical Students?"

This is the heading of a brief and brilliant article that forms a part of the fifth volume of the St. Bartholomew's Hospital Reports, recently published. Mr. Paget, the author of this article, has, with much labour and considerable perspicuity, given the reader an analysis of the careers of 1000 medical students, all of whom have been known to and observed by him, or by his colleagues, Mr. Callender and Mr. Thomas Smith, during a period of fifteen years. He has placed them in eight divisions, and tells us that 23 have achieved distinguished success, 66 considerable success, 507 fair success, and 124 very limited success; that 56 failed entirely, 96 left the profession, 87 died within twelve years of commencing practice, and 41 died during pupilage. Distinguished success is accorded to those who have gained important public appointments in hospitals or elsewhere, have maintained leading practices in very large towns, or have been teachers in great schools. Considerable success is ascribed to those who hold high positions in the public services or good leading practices; and fair success to those whose lot has comprised "that measure of well-doing which consists in having a fair practice (enough to live with), maintaining a good professional and personal reputation, or in holding ordinary appointments in the public services or in the colonies, and gaining promotion in due course of time." It will be seen that this last class constitutes rather more than half of the total number, and hence it is to this class in prospective that our observations on these statistics should be specially

and particularly addressed. There can be no doubt that the lives of all professional men in this country, as in all other walks of life, are made up of constant and continual struggles, and that the so-called battle of life has to be fought with more than ordinary energy and perseverance by medical men. But these figures appear most happily at the beginning of the winter's work, and show our neophytes that a fair and reasonable measure of success may be and is attained by those who enter the profession, and labour therein honestly, perseveringly, and well. Mr. Paget's paper is commendable, chiefly because it encourages all to work; because it shows that honest work results in fair success; and because it proves, as far as figures possibly can, that if a proper and persevering course of study be pursued, failure is much the exception, rather than the rule. And, as Mr. Paget very pertinently remarks, "nothing appears more certain than that the personal character, the very nature, the will of each student had far greater force in determining his career than any helps or hindrances whatever. The time and the place, the work to be done and its responsibilities, will change; but the man will be the same, except in so far as he may change himself."—*Lancet*.

New Uses of the Speculum Vaginae.

It was hoped that the mania for the abuse of the speculum would, ere this, have subsided, and its use confined to the legitimate purposes of practical medicine; but, as journalists, it becomes our duty to chronicle new achievements for this instrument.

A medical friend being called in consultation, in a case of protracted labor, asked the attendant physician the nature of the presentation. "Oh," he replied, "the head is presenting." Doubting the fact, our friend asked him how he knew that the head presented? "Why, I made an examination with the speculum, and saw the hair on the scalp." A female physician, on Howard street, has had an inspiration equally luminous, and, for the sake of the Medical Art, as well as humanity, we give it to the profession. A lady who was suffering from acute vaginitis, had been under her treatment for ulceration of the cervix uteri. She afterwards consulted a physician, whom she told that this woman had been *poulticing the uterus*, for several weeks, with flax-seed. With some incredulity, he asked how she did it. "It was stuffed through a speculum!"

At the risk of being thought irreverent, we cannot refrain from relating another application of the speculum, which could never have been contemplated by its inventor. A medical gentleman of this city, being in attendance upon a daughter of the Emerald Isle, during a protracted and difficult labor, gave his opinion at length, that the application of the forceps would be advisable, the head of the foetus being still above the brim of the pelvis. Fearing a fatal termination to the child, a clergyman was sent for by the friends, who desired to be left alone a few moments with the patient, but our friend claimed the right to be present, and remained to witness the following curious ceremony: An attendant introduced a tube, through which a

syringe full of water, in which the medical man had just washed his hands, was injected upon the head of the yet unborn child—with the usual ceremony of infant baptism. Query: Is not this what might be understood as being literally born a Christian?—*California Medical Gazette*.

A Valuable Cement.

Glycerine and litharge, mixed into a paste, furnish an extremely firm cement for iron and stone, as well as fastening iron to iron, and is said to be particularly adapted to fixing iron to stone, as for railways, etc. The material hardens very quickly, and must, therefore, be used at once. It is insoluble in water, and only attacked by concentrated acids. Articles joined with it can be used in a very few hours afterwards. Sandstone blocks, joined by this cement, have broken in a fresh fracture, rather than at the point of the union of the original surfaces. Very dry litharge does not form so good a cement as that which has absorbed a considerable amount of water. Only the purest material is to be used.—*Med. and Surg. Reporter*.

Chinese Practice in San Francisco.

We are informed from a creditable source that a lady of this city, who consulted a popular Chinese mountebank on account of prolapsus uteri, was advised by him to have the top of her head shaved and put a blister on it, for the purpose of drawing up the womb to its place. This is an ingenious remedy, and demonstrates, more than anything we have yet seen, the superiority of Asiatic therapeutics. We would propose to those ladies who may incline to place themselves under the care of Dr. Li-po-tai, that they save the fee and the trouble by shaving and blistering the head on their own account. In many instances they would require no further treatment.—*Pacific Med. & Surg. Jour.*

—A materialist surgeon of Paris, lately showed to one of his friends one of his instruments, the handle of which was carved in bone. "Do you know," he asked, "of what this handle is made?" "Of ivory, I suppose." "No," said the doctor, while tears almost choked his voice, "it is the thigh-bone of my poor aunt."—*Med. & Surg. Rep.*

Möller's Cod-Liver Oil.

Dr. Sayre spoke of the extreme difficulty of getting any cod-liver oil that patients could digest. Of late years it had become almost impossible; and the reason lay in the objectionable mode of procuring and preparing the livers, of which he gave a graphic description. Some years ago he had brought from Newfoundland samples of a pure article made by Mr. Archibald, in the only way in which a pure article could be made—by cutting the livers into fine pieces, placing them in a warm vat, and letting the oil slowly render; no pressure must be used to mingle the fibre of the liver with the oil, and no high temperature. Archibald's oil was no longer obtainable; and the speaker had begun to despair of finding any equal to it. But he had, two years since, found an oil prepared according to the same process by Möller, of Christiania, Norway, which was perfectly pure, and in every respect all the

could be wished. Measures were being taken for its speedy introduction to this country.

Dr. Boeck and Dr. Hanbury Smith fully endorsed Dr. Sayre's remarks as to the uniform excellence of Möller's oil, and testified to the high estimate placed upon it at home.—*Medical Record*.

Ice in Chloroform Accidents.

Dr. Baillie, Surgeon to the Calcutta Native Hospital states (*Indian Medical Gazette*, Sept. 1, 1869), that in cases of syncope from inhalation of too large a quantity of chloroform, there is no means upon which he should more rely to restore the movements of respiration, than the introduction of a good sized lump of ice into the rectum. This is much more easily effected than one would suppose: a little pressure with the ice being made over the sphincter causes it to relax, and the ice slips in, followed almost instantaneously by a prolonged inspiration, the precursor of natural breathing, and restoration of the heart's action. This measure, but with a small bit of ice, would doubtless, answer equally well with still-born children.—*Medical News*.

The Edinburgh Medical School.

Prof. Lister has been elected a Foreign Member of the Medical Society of Norway, and has received a diploma dated November 3rd. The Edinburgh School promises well as regards the number of students. Up to the 12th instant no less than 147 first-year's medical students had entered. Considering that this was only the second week of the session, and that 138 was the total number of first-year's students last year, it is evident that this old and famous school loses nothing of its popularity. It remains to be seen whether the fears of a contemporary will be realised, and more than merely educational results follow from the admission of ladies to the medical studies of the University.—*The Lancet*.

Dr. Ricord.

This distinguished specialist has received a gratifying mark of imperial favour. Like M. Nélaton he has been made a Senator. The honour of being admitted to the legislature is more frequently attained by foreign surgeons and physicians than by British ones. Virchow, the Prussian pathologist, is another instance of high professional merit being rewarded by a seat in the Upper Chamber. These marks of royal or imperial favour are as judicious as they are generous. The presence of able and experienced medical men in the legislative body cannot fail to contribute to the completeness and maturity of its counsels; and in these days especially, when sanitary and poor-law questions are everywhere in the foreground, such an auxiliary to thorough legislation must have an almost unique value.—*Lancet*.

Death from Bichloride of Methylene.

The first recorded death (as far as we are aware) from inhalation of methylene occurred this week in Charing-Cross Hospital. The patient who had been greatly reduced by malignant disease of the jaw, was about to be operated upon by Mr. Canton. The anæsthetic agent had been administered by

Mr. Peter Marshall, who has had great experience in its use, and only a very small quantity had been given when the fatal collapse occurred. A full report of the case, by Mr. Marshall, will be found in the *British Medical Journal* for Oct. 23, 1869.—*Medical News*.

The Archbishop of Canterbury.

The bulletins which have been issued daily respecting the health of the Archbishop of Canterbury have given rise to apprehensions which we regret it is not in our power to allay. Without entering into details, which it would be inexpedient to publish, we have authority to state that the condition of his Grace must be considered, immediately or prospectively, a very serious one.—*Lancet*.

The Medical Classes of 1869-70.

The medical classes of this city are about the same as last year, some increase, we believe in the Jefferson school. In general throughout the country, there is a diminished attendance. In Cincinnati the falling off from last year's numbers is 15 per cent. or more. We hear that in all the schools of St. Louis there are but about one hundred students.—*Medical and Surgical Reporter*.

Difference of time between the Beat of the Heart and the Pulse at the Wrist.

Dr. Groux, the man without a sternum (*Med. Investigator*), by the aid of a delicate instrument called the *Chronograph*, has ascertained that there is a perceptible difference in time between the beat of the heart and the pulse at the wrist, the time occupied being 235,000 of a second. This fact furnishes data that may be of great value in detecting aneurisus in some of the large arteries.—*Medical Record*.

Books Received.

- Books received through the firm of Gopp, Clarke & Co., Toronto:
- A Handy-Book of Ophthalmic Surgery, for the use of practitioners. By John Laurence, F.R.C.S. M. B., University London.
 - The Membrana Tympani, in Health and Disease. By Dr. Adam Politzer, of Vienna.
 - Diseases and Injuries of the Eye. By G. Lawson, F.R.C.S.
 - The Physiology of Man. By Austin Flint, Jr.
 - The Oread of Mount Carroll Seminary.
 - Hitchcock's new Monthly Magazine, New York. B. W. Hitchcock.
 - Scientific American.
 - An Act to amend the Ontario Medical Act.
 - Forty-fourth Annual Report of the Managers of the Massachusetts Eye and Ear Infirmary.
 - St. Louis Medical Journals.