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DR. GODFREY'S CASE OF PLASTIC OPERATION.

(See page 225 "Canada Medical and Surgical Journal" for December, 1874.)



CANADA  
MEDICAL & SURGICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

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*Extensive Destruction of the Soft Parts near the Angle of the Mouth, from Sloughing after Fever. Plastic Operation; Recovery.* By ROBERT T. GODFREY, M.D., Professor of Surgery, University of Bishop's College, Lennoxville, Attending Surgeon, Montreal General Hospital. (With an illustration).

The following case was admitted into the Montreal General Hospital on the 13th July, 1874, and as it illustrates the beneficial results of plastic surgery, I deem it of sufficient interest to lay before your readers. The history as given by the patient himself is as follows :

William Bouchet, æt. 19, a French Canadian : a strong, well proportioned young man,—some two years ago suffered from an attack of "Typhoid Fever." He was ill for several weeks. In the course of his illness, and towards the close of the fever, his face became inflamed, he suffered much pain of a burning character, soon an ulcerated spot occurred, and the whole of the cheek separated and fell out ; subsequently his teeth loosened, both in the upper and lower jaw, and were taken away by his doctor, together with several pieces of bone ; he made a very slow recovery. Upon examination I ascertained that nearly the whole cheek on the left side had sloughed. The buccal cavity was completely absent. The molar teeth in the upper and lower jaw were gone, as well as a large portion of the alveolar processes. The integument

was adherent to the bones of the face, and there existed a large opening the size of a crown piece, through which could be seen the tongue and the soft palate. The motion of the jaw was limited, and although he was quite able to pass into his mouth a good sized ball of food he could not masticate properly. He experienced great difficulty in guiding his food, when masticated, into the pharynx, as it would pass out through the opening unless prevented by his hand. This rendered him very miserable, as anything like liquid food would run down his jaw and the side of his neck, and occasionally produce excoriations. The lips were entire; the angle of the left upper lip was curved upwards and inwards and was attached to the superior maxilla, while the lower lip curved downwards and was attached to the inferior maxilla. At the upper and outer part of the gap there existed an opening into the antrum, which was quite visible. Looking at him from the injured side his appearance was very revolting. The poor fellow had to keep the part covered with a pad of linen to prevent the saliva from flowing down the side of his face and neck.

On the 21st of July I performed the following operation. The patient was placed under the influence of chloroform, and with the able assistance of my colleague Dr. MacCallum I commenced by paring very freely the edges of the aperture. The integuments were then separated from their attachments to the superior and inferior jaw bones. The angle of the upper lip was freed, and the lip itself separated from its attachment to the incisive fossa, this gave ample room and the lip came down to its natural position without any dragging or strain on the nose. A large flap, semi-lunar in shape, was then taken from the integument situated over the body of the inferior maxilla and sub-maxillary space, this was perfectly freed and came up and fitted the aperture. The angle of the flap, somewhat V shaped, filled a similar shaped space which was left after turning the upper lip downwards. The angle of the mouth

and the angle of the flap were fixed in their places by hare-lip needles with the figure of eight suture. The edges of the rest of the wound were retained in situ by wire sutures. The flaps were so freely separated from their bony attachments that there was no straining of the parts, which greatly conduced to the success of the operation. On the fourth day the needles were removed, the sutures were, however, allowed to remain. He had on the following day a slight attack of erysipelas, which was relieved by the usual means. From this time all progressed favorably. The sutures were not removed until firm union had taken place. The patient left the hospital on the 8th August, eighteen days after the operation. The accompanying engravings are from photographs by Notman, and give a most faithful representation of the appearance of the patient both before and after the operation.

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*A Case of Popliteal Aneurism in a Woman cured by Digital Compression in twelve hours after failure with Carte's Compressors.* By JOHN REDDY, M.D., L.R.C.G.S.I., &c. Physician to the Montreal General Hospital, &c.

Aneurism in the female is of such rare occurrence that I desire to record the following which was situated in the popliteal artery. I am indebted to Mr. Hugh U. Bain for the notes of the case to July first.

*Mary Ann Foy*, aged 59, was admitted into the Montréal General Hospital on April 6th, under the care of Dr. Reddy suffering from a large popliteal aneurism. Is a strong well built woman; has been married and has had two children. On questioning her found a satisfactory family history. Her father died in his 101st year, and her mother is still living and in her 100th year; has had six brothers and four sisters, three brothers and one sister still living. One brother died of dropsy, another of phthisis, the third one died very suddenly, cause of death could not be ascertained. One sister died of phthisis. Husband died 38 years ago. Both

children died ; one dying when aged 20 of phthisis, and the other of scarlet fever.

*Previous general health* has always been good. Has worked hard most of the time, and for the most part as a general servant. Twelve years ago had an attack of acute rheumatism, was three weeks ill, had great pain during this attack about her heart, and had probably some heart complication. At present, however, her heart is perfectly healthy, this is the only severe illness she has ever had. Menses have always been regular.

*Present illness.* About five weeks ago she felt a pain in her right foot and leg. Pain increased and foot and leg swelled considerably. One day when scrubbing, was seized with what she thought was a cramp, attended with much pain ; this soon disappeared and she felt quite well for a few days. These pains returned, running from the knee to the toes, and especially in the calf and side of the leg, pains present night and day, she applied pain killer, alcohol, and camphor, &c., but with no benefit. Then, three weeks ago, when one day sweeping, she felt a sensation as if something had burst or snapped in her leg, and would have fallen but for the broom in her hand ; pain now was most intense. Before this, could walk, but was unable to place right heel to the ground ; could not now walk at all, could not rest at night ; continued to get much worse, and was admitted into the Montreal General Hospital on April 6th, when a large sacculated aneurism was discovered, filling up most of the popliteal space.

*April 8th.*—To-day Dr. Reddy applied two of Carte's compressors over the femoral artery, one at the apex of Scarpa's triangle, the other two inches below Poupart's ligament. By means of these, pulsation in the tumour was easily controlled, and could at will be obliterated. The leg was also carefully bandaged with flannel from the toes to the knee. For the first few hours suffered intense pain from the compressors. Pressure was made alternately with

the upper and lower tourniquets, changing them every five and ten minutes. Was given chloral grs. xx, which gave her some relief. Complained most of the lower tourniquet which, Dr. Reddy, about 7 p.m., had replaced by another one. This relieved her a great deal, and the pulsations were now more easily controlled; at 12 p.m., given Potass. Bromidè a drachm.

*April 10th.*—Pulse weak, 88, suffered much during the night, was given two draughts of chloral, but got very little sleep, complains now of great pain in foot and calf of leg, which are much swollen, a good deal of venous congestion; feet, very cold, were wrapped up in cotton wool. Has no appetite and feels much exhausted.

*April 11th.*—Slept tolerably well, pulse 88, temperature  $97\frac{1}{2}$ ; given two draughts chloral during the night. In step and side of leg are very sore to-day, bandage reapplied and gave much relief; swelling in leg less, and tumour has a much firmer feel, especially on its outer margin; appetite fair,—given milk diet, and a pint of milk extra.

*April 12th.*—Pulse 80; skin cool; still much pain; less pressure now required to control the pulsation, and pulsation felt now chiefly towards the centre of the tumour.—  
*14th.*—Beginning to feel quite firm, and coagulation is apparently taking place. At 8 p.m. pain very severe, was given hypodermic injection of morphia, pulse now 84, temperature  $99\frac{2}{3}$ .

*April 16th.*—Pulse 120 and weak. Little change up to to-day, has suffered a good deal but has been able to get several hours sleep each night. To-day the pulsation is much stronger and little progress towards a cure seems to have been made.

*April 26th.*—Leg not so much swollen, pain for the last few days has been not so great, sleeps well and has good appetite. Tumour to-day seems much harder, pulsation when tourniquets are removed is however still very strong.

*May 28th.*—Patient has continued in much the same

state up to the present time; pulsation apparently not much lessened, although the pressure has been steadily kept up. Has at times suffered much pain, very often requiring draughts of chloral or morphia, sleeps freely, and appetite good. Pulsation has for the last few days been gradually getting less, and tumour has now quite a firm feel. To-day, for the first time, the clamps and bandage were removed, and on examination scarcely any pulsation was perceptible. The tourniquets have now been on exactly seven weeks.

*June 10th.*—Patient, up to this date, has made little or no improvement; the pulsation varies much, at times quite strong and again almost imperceptible; very little pain has been complained of, and can eat and sleep well; leg is still much swollen. To-day Dr. Reddy ordered reapplication of the tourniquets.

*July 1st.*—Up to this time, when I ceased taking notes there has been no change worth noting, there is still quite strong pulsation in the aneurism.

I would remark here that owing to the restlessness of my patient the compressors had to be laid aside on the 28th May, when it is probable that only a few days more were necessary to ensure complete consolidation of the sac. From June 10th till the day digital compression was begun, she had the compressors on but chiefly under her own control.

*August 5th.*—On examination to-day I was forcibly struck with the appearance of the aneurismal tumour, it had within a period of forty-eight hours become suddenly enlarged, much softer to the touch and the pulsation was nearly as strong as at her admission; tying the femoral artery appeared to me now to be the only safe course to adopt. The measurement of the tumour across patella was 22 inches, opposite side  $14\frac{1}{2}$  inches.

*August 6th.*—At a consultation to-day it was decided to try digital compression for a period of 24 hours, that failing,



to tie the artery, the staff of the hospital and students attending kindly volunteering to assist. This treatment was commenced at 1 o'clock p.m. and at the end of two hours slight consolidation was manifest ; at 1 a.m. the 7th, (just 12 hours from the commencement) neither pulsation nor bruit were distinguishable. Gentle compression was, however, kept on till 1 o'clock p.m., to render the case (if it were possible) a more perfect success. Measurement of the tumour to-day, same as before. A flannel roller was applied and the leg wrapped up in cotton wool, when compression was commenced a few hours afterwards, she suffered from retention of urine, which I relieved with the catheter ; during the night she had a few doses of morphia and a hypodermic injection to allay the pain and restlessness caused by the constant pressure which hardly produced an abrasion, great care being taken to use occasionally finely powdered chalk over the part.

A gradual diminution had taken place in the tumour of a quarter inch a day, from the 8th to the 16th of August, this has been steadily but slowly going on since that time, and the measurements are now (13th November) round side across patella 14 inches ; around tumor, same place,  $17\frac{1}{4}$  inches.

She is not able to walk yet, nor can she press her heel firmly to the ground ; all pain and tenderness are, however, entirely absent.

I desire to express my thanks to the hospital staff, and to the following students : Messrs. Tunstall, Burland, Davis, Ritchie, Livingston, Levi, Fenwick and Bain, and Drs. Cameron, Mines and Cline, who gave me such valuable assistance, and thus rendered the case a complete success.

877 St. Catherine st., Nov., 1874.

*Can Anything be done to stop the Increase of Insanity and Imbecility?* By HENRY HOWARD, M.D., Medical Superintendent of The Provincial Lunatic Asylum, St. Johns, P.Q.

The importance of the foregoing question will be at once admitted, when we see that by the last Census, there were in the Dominion of Canada 9,423 persons of unsound mind, and that in the Province of Quebec, alone, there were 3,300. All scientific men agree that the question is assuming grave importance; but the difficulty is to see what can be done. I believe the best way to arrive at a sound conclusion would be for those who have the treatment and management of the insane to honestly express the views that observation has enabled them to arrive at; and believing this I have prepared the following remarks, and, as some of my statements may be wilfully misconstrued, I beg at once to state that my only object is the advancement of science, and to do my best to arrest a disease that I consider worse than death. With this object it is necessary that I draw a distinction between the adult and the infantile population. To the first I must appeal to themselves for themselves. For the latter I must appeal to parents and teachers. I fear there would be no use in my speaking of the marriage question, for I believe men and women will continue to do as men and women have ever done, and that is marry for *love*, without any thought of what the offspring of the marriage will be. Well love, after all, is about the best guide, and certainly no one should marry without love, but I do hold that if it be at all possible, a man or woman who has had insane parents should not marry.

Insanity is a mental disease produced by some abnormal state of part or whole of the mental organization; whether the moral or intellectual faculties, or both. If body and mind are not one, yet so close is the connection between them, that one cannot suffer without the other suffering

also, therefore the immediate or exciting causes, and they are many, that produce this disordered state of the mental organization, may be either mental or physical. Observation, however, shows that no man can go mad from any amount of mental suffering, unless he has in him an insane neurosis, that is, a pre-disposition, whether hereditary or otherwise, to go mad. It is an established fact, founded upon observation, that in all cases of insanity there is more or less devitalisation of the mental organization; and again, that all suffering, whether mental or physical, diminishes vital power, or more correctly speaking, vital force.

Scientific men have established the fact that there are no two things in nature exactly alike, not even two blades of grass. We may therefore conclude that there are no two beings in the world whose mental organizations are exactly alike; indeed it is not very difficult to come to this conclusion, seeing how very few there are who *think* alike upon any subject, and this is nothing extraordinary, when thinking is so very independent of the will. Every man knows how frequently it happens that he thinks of the very thing he does not wish to think of, and that he cannot think of that which he wishes to think of.

In this paper I do not mean to speak of insanity from physical causes, such as apoplexy, softening of the brain, head injuries, &c., &c. I will confine myself to the more general cases that have come under my observation — those that occur from mental suffering.

Is it possible for a man to know whether or not he has in him an insane neurosis; and if he has, what precaution he can take to avoid exciting causes, or to bear up against the exciting cause when it comes, independent of any act of his? I think the best rule is, for every man and woman to believe they have in themselves the insane neurosis. To live as if they had, can do them no harm. Let each and every one avoid *pride, covetousness, lust, anger, gluttony, envy and sloth or idleness*. Let all practise humility, liberality, chastity,

mceekness, temperance, brotherly love and diligence. Let them do all they possibly can to preserve good bodily health and a conscience void of offence. If leading such a life does not keep a man from going mad, I do not know what will. But there are those who, even with the observance of these rules, will not stand the storm when it comes upon them. It will be said no man could lead such a perfect life without the grace of God.

To speak of the infantile population it is necessary to classify according to mental organization. Some children are born into the world of strong, healthy parents, physically strong, and of a mental organization healthy, strong and well balanced, that is, well balanced with regard to intellectual and moral faculties. These are fortunate children, that God and nature has done well for. A child of such a stamp, under ordinary training, becomes a great man, great in the true sense of the word, no matter in what position of life he may be. Whether statesman, professional man or mechanic, merchant or farmer, that man will do right, because it is right. He will grow up strong in body and mind. No amount of mental suffering will break him down. He will never find his way into a Lunatic Asylum.

Some children are born weak in body and in mental organization, but at the same time with the intellectual and moral faculties well balanced. Such a child having wise parents and teachers, who will attend properly to his physical and mental education, will have his moral and intellectual faculties well developed, as he will have his physical force; and although never equal to the other, he will nevertheless be a great man, and never likely to become deranged. But should he be neglected or badly treated in youth, God help him when a heavy trial comes on him. He won't stand very much.

Next we have the child, perhaps physically strong, with high intellectual and low moral faculties, that is, a badly balanced mental organization. If his moral education is

not well attended to in his youth, and by such education his moral faculties developed, he grows up a bad and dangerous man, and the more dangerous that he is smart and bright. Such a man is easily known by his moral crookedness and egotism. It is such men that we find sharpers, swindlers, gamblers, &c., men who worm themselves into the confidence of families, and make their homes desolate. These are men who do not know what honor means. They are *mean men*, who by detraction destroy the good name of their neighbors, men who are always wishing to make fortunes in a day, and sneer at their betters who are content to do their duty in that state of life to which it has pleased God to call them. These men are generally too clever to be caught in the meshes of the law; men who as a rule are the very curse of society. And when the storm comes on them, not having any strong moral faculties to fall back upon, in the end they break down, and become insane.

Next we have the child of high moral but low intellectual faculties. If such a child gets a fair chance, his moral faculties will stimulate his intellectual, so that he may rank in time, with ordinary men. But if his intellectual faculties are not well attended to in his youth, he will grow up a religious fanatic, a "one-idea man." He will try to cram his opinions down everyone's throat. A man that will be willing to be persecuted and made a martyr of; a regular pest to society, one of those men that O'Connell called a religious fool; he generally ends in becoming a religious maniac, and a pest to whatever Lunatic Asylum to which he happens to be admitted.

The next in classification are Imbeciles. These are children of very low mental organization, differing, however, in degree. There are some that can, by great perseverance on the part of parents and teachers, be brought to learn much, yet under no circumstances will they ever be of a strong mind, and very little trouble at any time will drive

them into a Lunatic Asylum. It is from this class, when neglected in youth and brought up in a state of moral depravity, that our most vile criminals come, and it is an extraordinary fact that they rarely ever go mad as long as they can carry on their career of crime. It is when a check is put upon their criminal acts, and they are obliged to live according to prison rule, that reason forsakes them. It would appear as if crime itself were the very safety-valve that saved them from becoming lunatics. It must be remembered what the peculiar class of persons I am speaking of is. I am speaking of the Imbecile, neglected in youth; one that has never learned anything but evil. As a rule these creatures are the children of debauched and drunken parents. Some imbeciles are so very low in their mental organizations as to approach the idiot, They are not in reality idiots, but they are not responsible beings, and should never be at large, but under proper surveillance. They are a most dangerous class of beings, as they will gratify their animal passions without any compunction. It is such creatures that commit the most revolting rapes and most horrible murders.

The next order of classification is the congenital idiot. He is generally, but not always, the offspring of imbecile parents. He is a creature so low in his mental organization that it is sometimes hardly possible to teach him how to put food into his mouth, he will more readily lick it off the ground like a dog than make any use of his hands. Sometimes it would appear as if they appreciated kindness but they are always vicious and treacherous. They are in appearance more like the monkey than the man. Fortunately procreation stops with the idiot, for they are both *sterile* and *impotent*, female and male. Let it be borne in mind that Lunatics can descend through all the different degrees of imbecility, till they arrive at the state of idiotcy, the only difference between them and the congenital idiot being that one has lost what the other never had.

From the foregoing facts I consider that it is self-evident that there can be no *general* system of education, either physical or mental, suitable for all children; consequently I hold that much of the increase of insanity and imbecility is due to the present system of education, I would say the present high-pressure, forcing system.

Out of four hundred patients admitted into the St. Johns Asylum, over two hundred were at the time of admission imbeciles, so of these I take no account; of the two hundred lunatics over one hundred and fifty had more or less education, that is, could at least read and write, and many of them were what might be called well educated. Two were first-class educated schoolmasters, both got well but did not return to teaching. A third was educated for a schoolmaster, he got well and went to farming. Then I had four female teachers; two got well, one returned to teaching and is now in an Asylum in Upper Canada, the other is working in her father's house, who is a farmer; the other two are still in the Asylum, with but little chance of recovery. Then I have had a large number of clerks, half educated; some got well, some did not, and from the history of all these cases I have no doubt but that the exciting cause of insanity was overworking the mental organization, trying to force the mind into obedience to the will; and I believe it is this forcing of the mind at schools that is destroying the mental organization of so many, and is one of the great causes of insanity. It must be remembered that the mind is always acting quite as independently of the will as the liver, the heart and lungs, and the stomach. The power the will has over the mind is *limited*. In some organizations the will can direct the mind in a very great degree, but not altogether; in others the will can direct the mind in a very small degree. One boy can so direct his mind as to commit to memory a page of history in a few minutes; such was the power of the late lamented D'Arcy McGee. Another boy by no amount

of his will can ever commit much to memory, and the greater his effort the more he tires out his brain, and the less he knows. I would ask how can there be a general system of education for such opposite mental organisations? Every man in the world knows how difficult it is sometimes to call to mind the name of a person or place by an act of his will. Every man also knows how difficult it is to keep his mind fixed on any one subject for five or ten minutes. Certainly by mechanical means we can keep the mind fixed, that is, by employing our hands at any mechanical work; and perhaps it is because of this that we find so very few mechanics become insane, if they do it is because they break some natural laws, become drunkards, &c., and no man can break any of the natural or moral laws, and not suffer in consequence. There is no difficulty in knowing when a man or a boy has muscular fatigue from manual labor or over exercise; but it is not always easy to know when the mental organization is fatigued. I think, however, that it can be known; for example, when a man reads a couple of hundred pages of any book and finds that he remembers the first pages better than the last twenty or thirty, he may be very sure it is time for him to stop; he will retain nothing of what he is reading, and is only injuring his brain. So with a young boy at school, he repeats his lesson to his teacher tolerably well, the teacher is not satisfied, the boy is sent back to study his lesson again; the second time he repeats it worse than the first, although, poor boy, he has done his best, but his brain was tired, and very probably he is punished for what was no fault of his. I think the foregoing clearly establishes two facts; firstly, that where children are of such different physical and mental organizations, there can be no general system of either physical or mental education applicable to all, in fact, that what is good and wholesome to one is death to the other; secondly, as in all schools there is a general system of education, the only classification becomes



the ages of the scholars, and it must of necessity follow that our present system of education is injurious to the physical and mental growth of the scholars, and consequently that we have so many of our youth of both sexes growing up weak in body and weak in mind, and that there is such a terrible increase of insanity. There is no doubt that teachers are much to blame for this state of things; but then parents are much more blamable. In infantile life mothers as a rule leave their children too much to the care of servants, because they are either too lazy or too *fine* to take care of them themselves, in fact, because it is not fashionable. The last thing a child should feel at night is its mother's kiss, and it should go to sleep in looking at the mother's loving eyes; but instead of this the child is left to the tender mercy of a servant, who frightens it to sleep that she may have a chat with John, while the fashionable mother is gone off to hear that dear man Mr. Balderdash lecturing upon Physiology of Man, or some other equally interesting ology. Then, as children grow up, they are packed off to boarding-schools—*firstly*, to get them out of the way; *secondly*, because it is fashionable; *thirdly*, because the pride and ignorance of the parents are so great, that they fancy because they have money their children must have brains, and must be educated to the highest standard. So children are sacrificed to the laziness, pride and ignorance of the parents.

Another fault of parents from which the children suffer is that they do not know how to choose the proper teacher and when they have one they don't know how to treat him. They begrudge to pay an educated gentleman as well as they would pay their servant, and treat him with half the respect, and then, poor souls, they expect the teacher to take an interest in their children, and they expect their children to love and respect the teacher, and in time they find themselves disappointed in both their expectations. Let parents pay a teacher well that he may live as becomes

a gentleman, and let them in every other respect treat the teacher as their equal, then they will have some claim upon him, and if he is a true teacher he will do justice to their children, and the children will not only love and obey him while under his care, but will love and revere him during their lives ; he will always be to them "THE MASTER."

It is a melancholy fact, from which great evil has resulted, that men and women fancy when they can do nothing else they can teach ; now there never was a greater mistake ; no person, no matter how well educated he may be, can teach, unless he is actually born a teacher ; no act of the will can make a man a teacher, any more than an act of the will can make a man a poet. It is not necessary that all teachers should have the same degree of education, but all teachers should have the knack, should be capable of imparting the knowledge they possess, in part or whole, to those they attempt to teach, depending of course upon the soil they have to sow the seed in, whether it be of a high or low mental organization. A teacher should be naturally of a cheerful, mild, amiable disposition, loving and lovable, one that would rule by love and not by fear. I have no faith in obedience to God or man that is given through fear ; cheerful, loving obedience is what can be depended upon, and this is impossible with the present system of education. The true teacher will make it his study to know his scholars thoroughly, to know their mental and physical capacity and treat their mental and physical powers accordingly. He will be able to say to parents whether their son is or is not fit for the highest order of education, and thereby prevent many poor boys from losing unnecessary time trying to learn what they never can learn, ending in disappointment and being disgusted with themselves and the world.

I have thus endeavored to show that the present system of education is bad, is radically wrong, and is the cause of one of the great causes of the spread of insanity. Some one more capable than I am must show how that system

can be improved. I will merely say there is too much study on the part of the scholars, and too little teaching on the part of the teachers. It is all books, books, morning, noon and night ; no end of books. The books that a boy is expected to go through in eight or ten years, he could not go through in thirty. Let all this book learning be stopped ; let there be more black-board and chalk, and lecturing from teachers. I believe a child should be taught its alphabet on the black-board, to spell on the black-board, arithmetic on the black-board, geography, history and mathematics all on the black-board, globes and maps, and from the mouth of the teacher ; and instead of sticking every day for a certain time in badly ventilated school rooms, let the master frequently take his boys for a day out into the country, and there in conversation and amusement and good healthy exercise teach his pupils from Nature, lecture to them on the mountains, vales, rivers, trees and rocks. Thus will youths be truly educated ; thus will they grow up strong in body and strong in mind.

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## HOSPITAL REPORTS.

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*Case of Excision of the Hip ; Operation.* By DR. D. C. MACCALLUM. Reported by Mr. W. H. Burland.

James Anderson, aged 6, was admitted into the General Hospital, under the care of Dr. Ross, on the 22nd of May, 1874, in a state of high fever, and having a large abscess on anterior aspect of left thigh. He was weak, much emaciated and restless, and complained of severe pain. For the previous history of the case I am indebted to Dr. Ross, who saw the boy for the first time in August, 1872, when he was suffering from pain in the left knee, which was painted with iodine. There was slight flattening of the corresponding hip, and he limped in walking ; his health had been failing for the last month, during which time the lameness was noticed. Latterly had been restless at night,

and would occasionally scream in his sleep. Dr. Ross diagnosed Hip-joint disease, and soon after put the limb up with a long splint, extension being made by a weight. This was kept up for three months, after which the long splint was replaced by a gutta percha splint and starch bandage. He was now allowed up on crutches, but sooner than was advised, as the parents would not leave him in bed any longer. The joint was at this time free from pain, but stiff. Through bad management and want of care the pain soon returned as bad as ever, and he screamed a great deal at night. The long splint with weights was replaced and left on for nearly three months longer. After this the case was lost sight of, and not again seen till his admission into hospital. The abscess was opened shortly after admission. In a few days a rather severe attack of erysipelas set in, which extended down the thigh and up the side for some distance. This caused the doctor to postpone operative interference at this time. Accordingly extension was kept up and the child was put upon nutritious diet to improve his general condition. He was treated in this way, getting also half a pint of porter daily, till the latter end of July. All this time the openings made to evacuate the abscess remained as sinuses communicating with the diseased bone. Dr. MacCallum, under whose care the case had been since the beginning of July, now determined to excise the joint. The boy's general condition by this time had improved considerably. He was fatter and in better spirits; suffering no pain unless the limb was moved; not restless. There was no cough, nor lung complication; and although there were signs of a hectic, febrile condition, from the prolonged suppuration as shown by his frequent pulse (120), high temperature (101.4°), and the readiness with which he perspired, he was now in as favorable a condition for operation as could be expected.

*July 30th.*—To-day the operation was performed. The patient having been put under the influence of chloroform,

Dr. MacCallum made a straight incision of about  $3\frac{1}{2}$  to 4 inches in length, over the greater trochanter. Cutting to the bone and freeing all attachments, the head of the femur was dislocated by rotation and sawn off. The head was greatly eroded. The extreme end of the bone formed a large fragment, which, with several smaller ones, was removed. It was not found necessary to remove any of the acetabular portion of the joint. The bleeding was inconsiderable. The wound was washed out with carbolic lotion and filled with lint saturated with carbolic oil (1 to 20). After the removal of the patient to his bed, extension was made by a weight of 3 lbs., and the leg kept in position by sand bags. His temperature on the night before the operation was  $101.4^{\circ}$ , and on the morning of the operation  $100^{\circ}$ . On the night after the operation it was  $103.2^{\circ}$ . Next morning it had fallen to  $100.4^{\circ}$ , rising again on that night to  $103^{\circ}$ . On the following morning it was  $99.4^{\circ}$ , and for the next two or three weeks it ranged between this or  $99^{\circ}$  about and  $100.4^{\circ}$ . His pulse varied in same ratio with the temperature. On the evening that temperature was  $103.4^{\circ}$  pulse was 148, falling next morning to 128, and after this it ranged between 100 and 120 for two or three weeks.

By the 4th or 5th of August the wound was granulating nicely and discharging freely. It was dressed daily with fresh lint and carbolic oil. Boy's appetite is good; he is getting chicken broth and half a pint of porter daily.

*August 10th.*—A slight diarrhoea set in for which he got Pulv. Cret. Co. c. opio. gr. x, every 4 hours.

*August 13th-14th.*—The wound is filling up from the bottom and sides rapidly. Patient is able to move himself in bed with less pain. Has slept better the last two nights than previously. A bedsore is forming over the sacrum. To relieve the pressure on this spot a pad was made with a hole in the centre. The sore was painted twice a day with a solution of Hydrarg. Bichlor gr. v to the oz.

2 oz. brandy was substituted for the porter which he had been taking.

*Sept. 9th.*—Notwithstanding the diarrhoea which obstinately persists, the boy is getting on very well. His appetite is good, and he is fatter than he was. The wound has been progressing very slowly lately. Red wash is now substituted for the carbolic lotion, and the edges are drawn together by adhesive plaister. He is now taking cod-liver oil. The old sinuses have not closed.

About the middle of October the extension was given up, and at the end of the month the boy was allowed out of bed. He left the hospital on the 8th of November, at which time his condition was as follows :

The actual shortening of the limb by measurement is but one inch, though apparently it is much greater, from the position in which the leg is kept. The knee is flexed, and the pelvis drawn up on that side. The toes also are inverted. When the boy is placed flat on his back, there is noticed a bulging of the affected hip. The circumference here is  $11\frac{1}{4}$  inches, while at the same part of the opposite leg, it is 10 inches. The adductor muscles are tense, and there is considerable induration of the parts around the wound. One of the old sinuses is still discharging, and one has appeared at the bottom of the incision which had been made at the operation, which had but lately healed up entirely. The rest of the incision is cicatrized. There is no pain complained of, and with slight support the boy can walk, the toes only of the affected leg reaching the ground. His general health is excellent. He eats and sleeps well and is in good spirits.

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*Case of Lithotomy in a Child*, by Dr. D. C. MACCALLUM,  
reported by Mr. J. DORLAND.

J. F., a French child, 4 years old, was admitted into hospital on the 16th of September, 1874. Was born of healthy parents, but eighteen months ago began to suffer from occasional and sudden stoppage of urine, to be restless and fretful, and to show a constant desire to

handle the end of his penis. These symptoms increased steadily, till the mother brought the child to the hospital to consult the medical men there. The restlessness and suffering of the child had impaired its appetite and general health somewhat latterly. Dr. MacCallum examined the child with a sound and detected the stone, which, from the difficulty of finding it, the very slight click, and the sensation communicated to the instrument, he concluded was very small. It is, perhaps, worthy of notice that a cousin of this child, of about the same age, was operated on for stone by Dr. Ross three or four months ago.

September 18th.—*Preparatory to the Operation.*—To-day an injection was given to the child. Its bowels had not moved for 36 hours. After the introduction of a curved, groove staff, and the detection of the stone to the satisfaction of all present, the incision was begun about half way between the anus and scrotum, a little to the left of the median line, and extended downwards and outwards with the usual precautions. The staff was readily found and incision extended into the bladder. Now the operator experienced some slight difficulty in getting hold of the stone, the bladder was so easily pushed up and the stone was so small. At last, however, he got hold of it between a scoop and his index finger and brought it out. The stone was of uric acid, having the appearance very much of a coffee bean in size, shape and color, having even the groove along the centre. There was a good deal of oozing, which was checked by application of ice in the wound. The child was now put to bed and a large sponge applied under his buttocks to absorb the urine as it dribbled away through the wound. Barley water and one pint of milk were ordered as diet.

Towards noon next day he had a chill, after which his temperature rose to 100° and pulse to 140. By the next day pulse and temperature fell and the child was very comfortable, sleeping and eating well, but, naturally, irritable.

The oozing had returned occasionally from the wound and rather freely, but was always stopped by application of ice. On third day was taking chicken broth and beef tea. The urine gradually began to come away by the urethra and less by the wound until the 26th, that is, seven days after the operation, urine came through the wound. The wound is granulating nicely, and on the 30th, as all the urine was passing by the urethra and everything progressing favorably, the child was taken home.

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*Case of Malignant Disease near the Cardiac Orifice of the Stomach—Cancerous Enlargement of the Head of the Pancreas—Perforation—Death—Autopsy. Reported by Mr. S. J. TUNSTALL.*

M. M., aged 25 years, was admitted under the care of Dr. Godfrey, into the Montreal General Hospital, 11th Sept. 1874, complaining of obstinate vomiting and cramps.

She had been employed for a number of years in one family, as a tablemaid, and has always maintained the reputation of being an active, faithful and sober person. Her family history is unexceptionable, while quite young, she seemed to enjoy perfect health, although she has always been afflicted with occasional attacks of Vertigo. Some five years ago, she began to be troubled with severe pains in the back and side which have continued more or less ever since. The pain is described as bearing down and dragging in its character. Two years ago, she had a sharp attack of what was called muscular Rheumatism; while more serious symptoms set in about one year ago. Vomiting then was for the first time noticed, and profuse salivation with occasional attacks of pyrosis supervened—Dyspepsia was soon added to her troubles,—so severe at times that she was unable to make the slightest exertion. Up to this time she was a strong, healthy, well developed young woman; but emaciation has ever since gone on slowly but surely, till now, her face is drawn and pinched, she is sallow, weak and



reduced almost to a skeleton. The heart sounds are quite normal. A distinct bruit can be heard at the epigastrium. Upon deep and firm pressure a round solid tumour in the epigastric region can be made out, which gives to the fingers the sensation of pulsation. She complains of severe pains extending from the lower lumbar to the sixth dorsal vertebra, and pains somewhat less severe in the cervical region. These pains are increased by exposure to draughts of air. Obstinate vomiting has persisted for some days, which however does not seem to cause much nausea or distress. She complains of dyspepsia and cramps in her stomach—malignant disease of the cardiac orifice of the stomach was diagnosed. Counter irritation was applied to the Epigastrium by means of a blister: the following pill was ordered to be taken three times a day:

Ext. Bellad.

Argent. Nit.

Pulv. opii aa gr  $\frac{1}{4}$

She was put on milk diet; lime water being used with the milk.

Under this treatment, the irritability of the stomach seemed to disappear, gradually moderate quantities of liquid food were kept down and after a time a piece of roast chicken was relished and retained. On the 13th of October the pills, which had been persevered with steadily, were discontinued, and a pill containing half a grain of Valerianate of zinc was ordered instead.

On the 17th diarrhoea set in, accompanied by severe pains and cramps in the stomach and bowels. This diarrhoea with cramps continued with more or less severity till she died. The evacuations were light, varying from a light clay to a dark chocolate color; they were thin, and at times very slimy, containing ropy curdy masses and flocculi; they were always most offensive. Various remedies were tried, but nothing seemed to check the diarrhoea, remove the pain, or change the unhealthy nature of the stools.

Castor Oil and laudanum, chlorodyne, a pill of opium, a pill of sulphate of copper and opium ; injection of starch and laudanum, a mixture of port-wine and decoction of logwood were faithfully and repeatedly tried, but none of them afforded permanent relief.

On the 9th of November, she sat up for a while in the morning, and seemed to be more free from pain and in better spirits than usual. At 12. 30. she complained suddenly of a sharp severe pain in the stomach, and fainted : restoratives were at once administered ; she recovered in a few minutes, and calling for the bed pan she passed a large quantity of blood. Her face became quite blanched, her breathing rapid, her pulse irregular ; she complained bitterly of excruciating pain about the Epigastrium, and at 1. p.m. she died in great agony, with all the symptoms of collapse.

*Autopsy*—Twenty two hours after death.

*Rigor Mortis*—Well marked.

The body was much emaciated, and the muscles greatly wasted.

*Abdomen*—On opening the abdomen, a large quantity of blood, along with portions of the contents of the stomach, was found in the peritoneal cavity.

*Stomach*—A large cancerous mass existed close to the cardiac orifice of the stomach ; perforation had taken place in this mass, leaving an aperture with ragged, thickened edges about three fourths of an inch in diameter. The cardiac orifice was not constricted to any serious extent by this mass as the little finger could be easily passed through it. The pyloric orifice was quite healthy.

The stomach itself was distended with a clot of blood and with some liquid food she had taken a short time before death.

*Pancreas*—The head of the Pancreas was much enlarged and the seat of extensive malignant disease. Upon cutting into it, a large cavity was found filled with old fibrinous masses and a recent clot of blood. This cavity was largest

in the head but it extended also throughout about three fourths of the body of the Pancreas. Its walls were ragged thickened and irregular. The duct was quite pervious throughout. The coats of the arteries were quite thickened and atheromatous, and all the vessels were much enlarged. A bristle was passed through a large branch of the Pancreatico—Duodenalis, into this large cavity in the head of the Pancreas proving that the coats of this vessel had been eaten through; this, in all probability, caused the hemorrhage which proved so rapidly fatal.

Duodenum—A clot of blood was found between the coats, in the concavity of the descending portion as it curves round the head of the Pancreas—otherwise quite healthy. The other viscera were quite normal.

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## Reviews and Notices of Books.

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*Essays on Conservative Medicine and Kindred Topics.* By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine, in Bellevue Hospital Medical College, New York: Philadelphia. Henry C., Lea, 8 vo. pp 214. 1874.

We have perused Dr. Flint's modest little volume with very considerable interest—an interest principally engendered by the fact that the topics discussed are really the most important in the practical medicine of the present day. Nothing probably assists us more in understanding and appreciating the bent and genius of the medical mind of this living generation than such reflective essays as these. The scepticism and doubt produced by our finding on retrospection how completely medical practice has been revolutionized, how few teachings, and methods and theories have been able to withstand the test of even a comparatively short space of time, is apt to give rise to an uncomfortable sensation of uneasiness concerning the soundness of the views of

the present day. Such however should not be the case. The firm foundations being laid for rational and scientific medicine cannot be shaken, and although we know that our Art must always be progressive, yet we should be glad to know so much and be hopeful for the future.

The term conservative has for some years back been very commonly used in Surgical parlance, but we remember to have heard it but very seldom in medical—and whilst there is amongst Surgeons a clear and distinct and ever-present idea that what they do must be done *conservatively*, we are not sure that with all medical practitioners this idea is at all so clearly presented to their minds, and yet there can be no doubt that the one is just as important as the other. There is a great deal in the constant and habitual use of a term of this kind. The mere employment of the word tends to direct the thoughts towards the principle underlying any line of action. Every surgeon of the present day prides himself upon the *conservatism* of his practice, and so also, as indeed all the great triumphs of the medical art have been accomplished by conservatism, should the physician take delight in showing how his practice has conformed to the doctrine of the conservation of the vital forces. In olden times the surgeon would boast of the number of his amputations and the skill with which they were performed, now he tells of the number of times in which, by skill and management, he has preserved limbs otherwise doomed. So again used the physician to parade the boldness with which he would attack diseases by bleeding and depletion and nauseant prostration, now on the other hand he shows how lives are saved by holding his hand from these violent measures and by hoarding the vital energies and fluids, trusting then to them to oppose the forces of disease, in fact by Conservatism.

The conservative physician is thus defined. "He shrinks from employing potential remedies whenever there are good grounds for believing that diseases will pursue a favorable

course without active interference. He resorts to therapeutical measures which must be hurtful if not useful, only when they are clearly indicated. He appreciates injurious medication and hence does not run a risk of shortening life by adding dangers of treatment to those of disease." It is then briefly shown how, with the progress of medicine during the last twenty-five years, these conservative principles have been generally developed until now they have become of paramount importance,

The first Essay is entitled Conservative Medicine. Besides this, there are seven others as follows, on Conservative Medicine as applied to Therapeutics. Conservative Medicine as applied to Hygiene—Medicine in the Past, the Present, and the Future—Alimentation in Disease—Tolerance of Disease—The agency of the mind in Etiology, Prophylaxis, and Therapeutics. Divine design as exemplified in the Natural History of Diseases. All of which contain much that is interesting presented in an easy and unstrained style which suits the subject.

Although these Essays have separately appeared before in some of the American periodicals, we dare say many of our readers have not seen them, and to those who have not we recommend them as well worthy of perusal.

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*Therapeutics and Materia Medica.* A systematic treatise of the action and uses of Medicinal agents, including their description and history. By ALFRED STILLE, M.D. Professor of the Theory and Practice of Medicine and of the Clinical Medicine in the University of Pennsylvania; Physician to 5th Joseph's Hospital: &c., &c. Fourth edition. Thoroughly revised and enlarged. In two volumes. Philadelphia, Henry C. Lea, 1874, pp 1644.

The profession generally is deeply indebted to American authors for excellent works on pharmacology. No better ones, for what they profess, have been issued anywhere than those of Beck, Harrison, Mitchell, Tully and Wood. With them we have much pleasure in associating the production

of Stillé, above named, for comparing it with them, whether as a well digested compilation or as the record of the writer's own experience and views, it is entitled on the whole to at least equal favor and in some particulars to preference.

The more familiar title "Materia Medica and Therapeutics,"— is transposed in the present treatise to "Therapeutics and Materia Medica." This inversion of the old order accords with the design of the author, which was to devote by far the largest part to Therapeutics, or to the effects and employment of medicines, and the smallest to Materia Medica proper, or the consideration of medicines in their physical, chemical and pharmaceutical relations. In his preface he expressly tells the reader he has purposely devoted less of his space to the strictly scientific portion of the subject, and has sought to illustrate more copiously than is usual in similar works its practical bearings. To the student, therefore, who wants all parts equably treated, it is not so well suited as to the physician who requires a reliable guide that he can consult in matters of actual business.

The latter will find that upon the uses of drugs these volumes are particularly full of information. If he desire to know the authority on which a remedy rests, or what it can do, or the account to which it may be turned, he has but to inquire within, and to facilitate reference— there is not only an index of medicines, but also an index of diseases with the remedies adapted for them, named under each head.

Nor has Dr. S. contented himself with giving merely the modern application of medicines, but, as a laborious antiquarian he has drawn largely upon olden times. Under "Medical history," he has gathered in what Hippocrates, Dioscorides, Galen, Rhazes, and other fathers of physic, did with remedies that are still prescribed, and advancing onward from them, notes the estimation in which they were held

by others, among the Italian, French, German and English, in succeeding ages.

In treating his subjects, we could have wished our author had been less conservative. We will explain what we mean. Writers on Therapeutics who have preceded him in describing the classes of medicines *e. g.* Astringents, Refringtons, &c., delight in interlarding their remarks with details which are either strictly physiological or belong to some other branch of science rather than the one they have undertaken to elucidate. They go out of their way to say something about the minute structure of an organ, or its functions, or the changes its secretions assume in various morbid states, or the effects of these upon the system generally. Too often, again, they plethorize their accounts with what is effete, with what is curious indeed as theory, but which has long since ceased to harmonize with more modern developments. From these faults Dr. S. is by no means exempt. He has run too much in the old groove. We have felt in reading him, it would have been better had he avoided repeating these mistakes and confined himself more to the question. The description of a class of remedies should be confined to what would be a gradual unfolding or explanation of the definition, so as to exhibit something of the demonstration of a problem. To introduce matter that is irrelevant, where much else might have been brought forward to directly elucidate, is to burden a subject unnecessarily and make it jejune.

Let us illustrate these remarks by Dr. S.'s chapter on Emmenagogues. It may be laid down as a veritable truism, that, if these agents (as they are usually defined) be medicines which can restore the menses when absent from certain morbid causes, they can only do so by reproducing menstruation as it occurs naturally or without their aid. They must accordingly act upon the same organs as those upon which the influences act that bring about the return of the catamenia in health. These organs are primarily

the ovaries. Emmenagogues therefore must excite these same structures, the ovaries. And they must also induce in these parts the same train of occurrences as are known to ensue during normal menstruation or where they have not been previously used. In turning to a book on Therapeutics it would not be too much to expect to find the state of that science in accord with the light that other departments cast upon its co-related subjects. In the instance adduced it would not be too much to look for an accord in the explanation of the *modus operandi* of Emmenagogues with the present knowledge of obstetric physiology concerning menstruation. And such expectation seems the more justifiable in examining a work so recent and so comprehensive as Dr. S.'s. But what is the fact? Like his predecessors, who have written books before him and treated on the same subjects, his explanation of the action of Emmenagogues leaves out of consideration altogether the all-important ovaries. It is like the play of Hamlet with the character of Hamlet left out. Instead of referring to them, we are carried back to the dark days when menstruation was laid solely to the account of the uterus. It and it alone is mentioned as the organ which is the special seat on which these agents exert their power. They are in the words of Dr. S. "all medicines which are employed to influence the uterus."

As in other cases, this error, besides leaving the un-informed reader in ignorance, leads to false impressions. For example: Admitted that the menses are secreted by or extravasated from the inside of the uterus, it might be supposed that this was a proof of the influence of the emmenagogue on that very part. As a fact, however, it is not so. The medicine has no such influence on the uterus. The influence that causes the latter to secrete is from an ovum descending through its cavity. And the only influence of the remedy is upon the graafian vesicle from which that ovum has escaped. Any effect upon the uterus is, therefore,



a secondary, and subordinate, and dependent one. So essential is the primary or ovarian influence that without it no influence limited to the uterus would be of the least avail.

And this brings us to another mistake which such a definition of emmenagogues, as Dr. S.'s suggests. From it, one might infer that any remedy that can influence the uterus would be an emmenagogue. Just the opposite, however, is the case. There is one agent, ergot, in particular, which can very powerfully influence this organ, but it is not a restorer of suppressed menses in the same degree or certainty that it is an exciter of uterine contractions. Indeed, it is very doubtful if it has any emmenagogue virtue at all. It is true a few have reported success after its use in Amenorrhœa. But we are sure, most practitioners do not prescribe it in that disorder, and, those who have tried it have not had from it the same positive results that have attended its administration in cases of powerless labor. The appearance of the catamenia after its use an odd time or so proves nothing at all. Since the occurrence may not have been due to it in the least,—but may have been the effect of concurrent circumstances re-establishing the patient's health, or removing some hinderance to the menstrual function. It is well known that no other secretion is more likely to be influenced by the state of the constitution than the catamenial. A medicine, moreover, like Ergot, that acts upon muscular fibre could not be expected to act locally upon the ovaries which are destitute of such texture.

We will now illustrate from Dr. S.'s, further description of Emmenagogues,—what we have above said about the irrelevant treatment of Therapeutical subjects. After the first few lines,—he proceeds to enlarge upon the importance of the function of menstruation,—then upon the relation of the disorders that follow its cessation,—next upon the groups or categories into which cases of menstrual

derangement, may be divided, with more or less account of them, What are these? if they be not beside the strict question of the action of Emmenagogues. Yet, they take more than half the space allotted to the discussion of the latter in the introductory chapter.

And what, in this special instance, is worse still, is that the want of precision as to what these remedies are is still more plain in the little left. Determined to stick to his flag that they are "all medicines, which are employed to influence the uterus,"—he makes no separation, nor mention by the name, of Ecbotic or Abortive agents,—but runs them all as one with the rest. Nay, he even includes with them, Ether and Chloroform as relaxants of the Os uteri. Nor is this all, even such beggarly things as "*milfoil*," "*tansy*," "*dittany*," "*mugwort*," "*horchound*" and "*chamomile*" are laid under contribution, and taken in as members of the class. And yet more; without any division of Emmenagogues into Absolute and Relative, the umbrageous "all" is made so accommodating as to include with the foregoing "sedative emetics," "saline cathartics," "revulsives," and "most of the aromatic plants." Finally, multifarious though these be, there are still more to come which, as stated by the author, are general bleeding, mercury, iron, baths, cupping, leeches, electricity, air, exercise, food, "and finally marriage." Before such a *pot pourri* of emmenagogues, surely, the offending ovaries, or as he would say, "the uterus," must give up the strike and go back to work!

These are instances of the blemishes in Dr. S's work which, as we before implied, spring from too great conservatism, from his having been too diligent a collector of simples, and too successful a reflector of statements made by others before him. Had he re-cast the whole matter and adhered more closely to his subject,—had he used necessary prunings, and indulged more in a philosophy *au courant* with the advance of science generally, he would have been

more original and have done better work in the vast fields of Therapeutics. If, however, we regard his treatise as a compilation solely, we must admit that it is a lasting monument to his extensive learning, deep research, indomitable perseverance, and laborious painstaking.

The present edition is a careful revisal of the former work. In it has been added about 250 pages of new matter. Several new articles have been introduced, and the chapter on electricity almost entirely re-written.

We think it would have been made still more useful had the preparations of the British Pharmacopœia been inserted, and distinguished from those of the United States Ph. We would respectfully suggest that the omission be supplied in the next edition. To Canadian Physicians who follow the first, this addition would do away with the necessity for turning to another book for information upon these subjects.

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## Periscope Department.

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### THERAPEUTICS.

*On Various Therapeutic Uses of Calabar Bean; Especially in Tic.* By W. MUNRO, M.D., C.M., Cupar-Fife, late District Medical Officer, St. Kitts, West Indies.

Having in 1871 pointed out the probability of Calabar bean being useful in cholera,\* from the power which Dr. Fraser has shown it to possess of expanding the peripheral blood-vessels, I have since then thought it might be useful in many other diseases, in which, from one cause or another, these blood-vessels are contracted, but was prevented by various circumstances from applying my ideas in practice

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\* *Edinburgh Medical Journal*, October.—I may here say that, from what has since become known of the doses which may be given, I would be inclined to begin in cholera with one-third instead of one-eighth of a grain of the extract, as is mentioned in my paper ought to be injected

until October last. Calabar bean had, up to that time, so far as I am aware, only been used in tetanus, although it has recently been used in general paralysis and acute mania. (BRITISH MEDICAL JOURNAL, January 10th and 17th).

*Tic Dououreux.*—Believing that in *tic* the blood-vessels of the part affected are in a state of contraction, I have made use of the bean in several cases with exceedingly satisfactory results. Very short notes of the cases are appended. I may say here that Cupar is a rather low-lying place, in which *tic* of an intermittent form which disappears on the person leaving the town, even for a time, is not uncommon. Fever and ague in those who have had it abroad is apt to return. There is, in fact, a slight malarious influence evidently present in the atmosphere.

CASE I. October 16th, Mrs. D. had *tic* on the left side of the head. I applied one of Streatfeild's ophthalmic squares to the eye. In about five minutes, she expressed herself as decidedly relieved. This was not a very severe case, which may account for only one square being sufficient.

CASE II. November 6th, Mrs. X. had severe *tic*, with intense photophobia, brought on by reflex irritation after several days' severe uterine pain, which had now passed away. I used one square, in the right eye. In ten minutes, she was able to open her eyes and converse cheerfully. In half an hour, I used another, relieving the pain entirely, only leaving a "slightly bruised feeling," which was almost entirely removed by another half. The pain did not return, and no more Calabar bean was required. The pupil was never contracted.

CASE III. Miss J. K. had severe intermittent *tic*, with anæmia. At present, it was almost remittent. She had very severe pain all over the left side of the head, and some on the right side. The pain was intense over the left eyebrow. The pupils were much dilated. She was first seen on December 10th, at 11.15 A.M., between which time and 4.30 P.M., three squares and a half were used (from half to two at a time) in

each eye. At 6.45 P.M., she had no pain. At 8.30 P.M., I found she had had a very slight short pain about 7 P.M. Both pupils were still dilated. December 11th, pain returned at 3 A.M., and continued almost constantly until 1.30 P.M., when I used two drops of a solution of extract of Calibar bean\* (1 in 40) in the right eye (that being the side most affected). In fifteen minutes, the pain was much relieved. At 3 P.M., I found her asleep, but on awakening she felt slight pain on both sides of the head. I used two drops in the left eye and one in the right. In ten minutes, the pain was quite gone. At 9 P.M., she was sitting up, and felt quite well. From this time until December 26th, when I ceased attending, she could at any time stop the pain at once with the drops, which I found it convenient, however, to make of the strength of 1 in 32 afterwards. I treated her at the same time (from the 13th) with quinine and carbonate of iron, with decided benefit. I used the thermometer frequently in the armpit in this case, but observed no decided change of temperature attributable to the use of Calabar bean.

CASE IV. Miss T. had long standing tic, yielding to no treatment. It was only relieved by leaving Cupar for a time, and came back on her return. The pupils were generally much dilated, especially during an attack. I thought of using croton-chloral-hydrate in this case, but preferred the Calabar bean as being only local in action, as I think local remedies are always to be preferred for local diseases, when there is a choice. December 31st. When called, I found her suffering from intense pain over the eyebrows, mostly on the left side. I used two drops of a solution of 1 in 30 (partly lost) in the left eye, and one in the right. In about ten minutes, she said the pain was not quite so severe. I then used one drop more in each eye,

\* I had to abandon the use of the squares, as I found that three or four were required at one time: but, could I obtain squares containing physostigmin, I would much prefer them, the drops being a clumsy substitute at best, and not allowing of anything like the precision attainable by the use of squares, as well as being more troublesome to the patient. In experiments on the healthy human eye, I have found it necessary to use five and even six squares to produce contraction of the pupil and temporary congestion of the surrounding parts.

with the effect of relieving still more, according to the patient's statement, the localised pain ; but, on my return half an hour or so afterwards, I found her suffering from severe pain in the left eye, the pupils being contracted. The patient, being very reticent, had not mentioned to me that tic could be set up in the eye by even a drop of water getting into it, and even now said nothing to let me understand that the pain was that of tic (which unfortunately she was too well able to distinguish from other pains). Seeing the rather strong contraction of the pupils, I used at once one-third of an atropine square to counteract the effect of the Calabar bean, thinking the pain was caused by the contraction. The atropine acted only too well, evidently being assisted in its action by the tic, and the pain *immediately became more severe*. The dimness of vision common after the use of atropine remained in this case for three or four days, and frightened her, she being rather hysterical, so that she refused to submit to further treatment.

Thus, in this case, the only one which had not been perfectly satisfactory in its results, although the patient was not really benefitted by the use of the Calabar bean, the pain was, in the first place, according to her own statement, removed from its primary seat ; and, even although set up in the eye by the cold drops, it was evidently kept in check by the action of the bean, until the latter was counteracted by that of the atropine. In such a case, outward application of the tincture (which I suggested, but the patient would not use it) or the use of strong Calabar bean, or physotigmatin would be advisable.

CASE V. This was a case of obstruction of the nasal duct, complicated by tic, which was relieved in fifteen minutes by a little solution of Calabar bean (1 in 15) applied with a camel's hair brush. It returned in six hours, but was relieved in ten minutes by the bean. It caused the eye to become more injected than formerly. The tic did not return, and the obstruction of the duct ultimately required operative

interference. The patient had been suffering from tic for two days continuously when I first saw her.

CASE VI. J. B., a man had severe tic on the left side of the head. He was seen on March 16th at 3 P.M. He had been suffering since early in the morning. This case being four miles from town, I used three squares and a half (they being in my pocket). In about ten minutes, there was almost total relief. In twenty minutes, two squares more relieved him entirely. The pain came on again during the night; but, having sent him a solution (1 in 30), he used a drop, and it relieved him immediately.

CASE VII. On May 4th, I had intensely severe tic over the right eyebrow, caused by want of sleep and wearing a tight hat all day. Having no stronger in the house, I had to use a solution of one grain to the drachm. Of this, two drops relieved me slightly; and two more in half an hour removed the pain entirely.

CASE VIII. Mrs. W., on May 16, had severe pain in the right side of the face, and was relieved in about half an hour by two drops (one first, then another) of a solution of 1 in 30.

CASE IX.—July 22nd, 12.30 P.M. Mrs. P. had tic in the left side of the head and face. There had been severe pain since 3 A.M. I used a half-square (one-tenth of a grain of extract in each square). \* Relief was obtained in ten minutes. At 7.50 P.M., there was still a bruised feeling, "but no sharp pain." I used a half-square. The pain entirely ceased in ten minutes.—July 10th. The patient came back for more squares. This is the second patient who has done so.

CASE X. Mrs. M. had severe tic in the left side, recurring every evening for a week past.—5.45 P.M. I used a half-square (as above). She was relieved in five minutes. At 6.30 P.M., she was free from pain, "though there was still a bruised feeling." Both these cases were afterwards permanently cured by quinine. In them, as also in myself,

\* These strong squares were very kindly sent me by Mr. Squire for trial.

and others in whom I have used the strong squares experimentally, the pupil always becomes *dilated*. These squares are very hard, and this may account for such an action, as they irritate the eye for about two minutes when used. Squares containing physotigmatin, could they be obtained, would be much better.

CASE XI. J. A. had syphilitic paralysis of the right third nerve, probably from a tumor, with external strabismus, ptosis, dilatation of pupil, and neuralgic pains on the side of the face. I used one square on July 4th. The pain was relieved.—July 5th. I applied one-tenth of a grain of the extract in the eye, causing congestion of the conjunctiva relieving the pain, and producing contraction of the pupil. In this case, the fact that the pupil became *contracted* is very noteworthy, as the third nerve could not play its ordinary part. Possibly the congested state of the vessels may have acted as a cause of contraction.

In none of these cases did I observe decided contraction of the pupil, except in Cases IV. and XI. In Case III., the pupil became smaller than usual, though never contracted to any great degree. In no case was vision interfered with by the Calabar bean—except slight temporary confusion in Case III., lasting about two hours. In the experiment referred to in the first note, vision was temporarily confused (after six squares had been used), but the confusion soon passed away. No general symptoms were ever observed. I am quite hopeful that anyone giving Calabar bean a fair trial will find it an useful and safe immediate remedy for tic, leaving time, in cases requiring such treatment, for the use of quinine and iron, or other medicines calculated to have a permanent effect. For my own use, I intend to obtain, if possible, stronger gelatine squares; that being, in my opinion, the most convenient mode of application, being easily applied and certain in action. The idea is a very ingenious one, and does credit to the inventor.

*Derangement of the Heart.*—CASE. December 12th



1873, A, R., a mill-worker, suffered from continuous pain in the left side, with occasional extra severe spasms. She was of florid complexion. Her lungs were healthy. The liver was normal in size. She sometimes suffered from flatulence, but not at present. She had been in constant pain for three days. The pulse was 88, irregular, intermitting, easily altered in number by exertion, sometimes increased, sometimes decreased in frequency; there were sometimes twenty beats in one quarter minute and twenty-four in another. She had palpitation. There was a rough *bruit* at the base with the first sound. As I had the patient under observation until March 21st, my notes are much too long, to be reproduced here. Suffice it to say that I began with one-sixth of a grain of the extract, giving immediate relief. This was continued night and morning for two days, the patient being relieved from pain. She increased the dose to a quarter of a grain, with good effect, but this I then only allowed once a day. For continued use, one-eighth of a grain twice a day [after larger doses at first] seemed sufficient. The *bruit* became much softer, and the pulse fell to 68 under the use of the medicine. On one occasion, being five days without the medicine, she became so ill with the pain in her side, [at the apex] that she had to leave off work. She was sometimes very irregular in visiting me, coming only when it suited herself, and, *when she required a new supply of medicine*; but I saw enough of her to convince me that the bean had a decidedly good effect. The case being one apparently of constriction of the aortic orifice, the bean would act directly by relieving that condition. Such a case in an hospital under hourly observation would be very valuable; as I saw it, the results obtained only point hopefully to further use of the drug in similar cases.

*Febricula.*—CASE. December 12th. My own child, a boy four years of age, was attacked by fever without any apparent cause. At 4.40 P.M., his temperature in the axilla

was 102; pulse, 128. I gave him one thirty-fifth of a grain of extract; and again at 5. 50.P.M., the same dose. At 6.30 P.M., the pulse, was 118; temperature 99.6; the skin having, from being dry, become quite moist to the touch.

A favorable opportunity has not occurred lately to me to try Calabar bean for the purpose of reducing temperature, but the result obtained in this one case, agreeing well with what could be expected from Dr. Fraser's experiments, viz., expansion of the semi-contracted peripheral vessels, points to its use and cases in which reduction of temperature is desired and where there is nothing special to prevent it from being used.

*Bilious Remittent Fever.*—CASE. R. A. This was a case of "bilious remittent" fever, in which I gave cautiously up to half-grain doses, one grain being given in a day, producing slight drowsiness, and profuse sweating; and, independently of the ordinary course of the fever, bringing down the temperature from 105, at 7.45, P.M., to 103 at 11.00, P.M. When the remittent character of the fever showed itself distinctly, I treated the patient with tincture of iodine, in doses of from ten to fifteen minims, thrice daily, which I have for some years used in preference even to quinine in such cases.

From this and other cases, I believe that, *if the strength of the extract can be depended on*, the doses given in the *British Pharmacopœia* [one-sixteenth to one-fourth of a grain] are too small for an adult. To produce any decided effect, one-sixth to one-half of a grain, and, *with great caution*, even higher doses should be given, of course beginning with small doses.

I am fully convinced that, in Calabar bean and its antagonist atropine, the *Pharmacopœia* possesses two remedies equally valuable with opium, if not more so. This value is not at present appreciated, but would soon be so were their actions made, more fully than they ever yet have been, the subject of observation in all diseases in which it may be desirable either to expand or to contract the vessels, by some hospital physician, whose position gives him the power of closer observation, and more accurate deductions than one working in private practice can ever hope to obtain.—*British Medical Journal.*

CANADA

# Medical and Surgical Journal.

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MONTREAL, DECEMBER, 1874.

## INSANITY AND ITS INCREASE.

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Amongst our original matter this month will be found a paper from the pen of Dr. Henry Howard, the superintendent of the Provincial Lunatic Asylum at St. John's, P.Q.

The question propounded by the author is whether anything can be done to arrest the increase of Insanity and Imbecility. The author says that in the Province of Quebec, there are 3,300 persons suffering from these mental conditions. This is alarming, and worthy of grave consideration, it is a most important topic, and as the author truly observes, the best way to arrive at sound conclusions is for those interested in these matters to express their convictions, if based on personal observations. The editor of this Journal has, on more than one occasion during the past twelve years honestly expressed his views on this subject. He has sounded a note of warning to the government of the day but without effect, as the old and effete law respecting insanity still exists without amendment. This law will be found in the 14 and 15 Vic. Cap. 83, and by its provisions "any person who is lunatic, or dangerously mad, shall by warrant of any two, or more justices of the peace be apprehended and kept safely locked up in some secure place within the District or County where such City, Town, Village Township, Parish or place lies, as such justices under their hands and seals direct and appoint."

In this act we find that the unfortunate who is lunatic or dangerously mad is subsequently visited by, or brought

before, two justices of the peace and two physicians, and upon their joint certificate the poor wretch is sent at last to a Lunatic Asylum. We have before pointed out that this unwieldy process, this inhuman treatment of persons suffering from mental disease is certainly followed by confirmed insanity. The brain is the organ of the mind, and although Pathological research has not been able in every instance to point out undeniably the lesion which exists in the lunatic or person dangerously mad, yet reasoning from what is observed in diseases of other organs, we infer that there must be some structural change sufficient to occasion the conduct of the person so afflicted. As scientific truths gradually unfold themselves man becomes cognisant that he is subject to certain ills and derangements of his body which are in a great measure due to his folly and error. Preventive medicine is now unfolding facts, which, had they been announced a century or so ago, would have been regarded as sacrilege and followed by condign punishment.

The brain is as subject to derangement as other parts of our body, and being of more delicate structure is more liable to be seriously injured, hence, it may take months to undo what has been done in a few hours, but this undoing demands scientific and prompt measures. Shutting up insane persons in a cell of a common jail and feeding them for weeks on skilly is neither a reasonable nor scientific method of treatment,—but the reverse,—and is certain to be followed by confirmed madness, which gradually lapses into imbecility. If we desire to lessen the number of cases of induced imbecility, we should first alter the present law. Having done so, then all those suffering from acute insanity should be removed without delay to an insane hospital, there to remain a reasonable time, when, if in the opinion of the medical officer of such Insane hospital, their case becomes confirmed or is no longer hopeful, they should then be removed to a proper asylum. Of course, this might be at

the outset, an expensive undertaking, but, in the end it would be a great saving, as the present system is every year adding to the number of permanent lunatics, many of whom would, we believe, have been restored to the industrial population, if judicious measures had been adopted at the outset of the disease. With regard to Dr. Howard's paper on the educational errors of parents and teachers, we believe every word he utters ; and furthermore, deem it is a matter of regret that his valuable observations will not reach the public eye, as our Journal is read by few other than professional men.

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### THE PROPAGATION OF TYPHOID FEVER.

The prevalence of typhoid or, as it is otherwise called, enteric fever is unusually great at the present time ; its rapid and alarming increase in certain localities is attracting much discussion on the nature of the disease and its mode of propagation. That typhoid fever is generated by a special poison or contagious principle is daily becoming more positively demonstrated ; but if it is developed by a certain thing, seed, fungus, or special contagious principle, it would appear that it requires an appropriate soil in which to germinate. Hence we have in certain localities whole communities stricken with the malady, whilst others subject to a like exposure (as far as we are able to judge) escape the ravages of the disease.

It is of great practical moment to ascertain if possible in what form resides the germs of this disease. There is much conjecture on this subject, but very little agreement, on any point, in the ranks of the devotees of science. Some hold that neglect of ordinary cleanliness of premises will be sufficient to create typhoid fever, whilst others state that no amount of stench, foul gases, or noxious effluvia from decomposing animal or vegetable matter, will generate the disease typhoid fever unless the germs of typhoid fever be there to act as a leaven.

From the observations of Dr. William Budd it would appear that typhoid fever is alone propagated by contagion, and he advances so many arguments on this head as to almost render fruitless any attempt at contradiction. He states that typhoid fever is never spontaneously germinated—any more so than is small-pox, scarlet fever or measles ; that it is propagated through a special virus or poison.

We will not in this place pin our faith to the doctrines of Budd or to what has been termed the pythogenic theory, but will simply say that in this city of Montreal there exist at the present time those very conditions which lead to the spread of the disease typhoid fever, and that those conditions have been created by the want of supervision of those whose duty it is to supervise and look after the public health. We have a Board of Health who err either from not knowing better, from being ill-advised, or from being powerless. Some weeks ago the annual work of emptying out the Craig street sewer was commenced. From the peculiar engineering skill exhibited in the construction of that sewer, which is one of the largest in the city, the soil from the upper parts of the city, from Cote à Barron downwards, lodges in the Craig street sewer, and almost fills its capacious cavity with a black muck of various compounds. We learnt with surprise that this vile mass, after removal from the sewer, is utilized to fill up certain streets, as in Ontario street, which, from having been recently opened, requires raising at certain points. When we were informed of this fact, we doubted it ; although willing to admit that our Corporation authorities were blind to the interests of the public, nevertheless we did not think that such a monstrous iniquity was being perpetrated in our midst. Let it be stated that the Craig street sewer receives the drainage from both General Hospitals ; these two institutions have within them small-pox wards, and laying aside

the question of typhoid fever, small-pox is known to be readily propagated by exhalations and excreta from the bodies of those afflicted with that disease. Is it, then, to be wondered at that small-pox is at present alarmingly on the increase? But if we examine the records of our hospitals, or our mortality tables, we shall find that typhoid fever is likewise very prevalent. Now, with regard to the generation of typhoid fever, we care not which horn of the dilemma the Board of Health are placed upon, for certainly spreading on our public highways the filthy exuvia from our typhoid fever patients and small-pox patients is a most insane proceeding, and is undoubtedly followed by the very condition witnessed in this city at the present time—the rapid increase in the number of cases of both these diseases. Have the Board of Health any powers in the matter? or do their suggestions, if they have made any, fail to produce the desired effect in the stoppage of such iniquity? We are told that the matter removed from the sewers is not offensive; that it is sweet and clean, and rather a desirable substance for the purpose for which it used. Can our Health authorities inform us whether the germs which propagate small-pox or typhoid fever possess any odour. Do yeast germs in minute division possess any odour? Yet the smallest particle is sufficient to produce fermentation. To say the least of it, it is filthy, revolting, abominable and dangerous. It matters not whether these diseases are occasioned by a special seed or by decomposition: both conditions are here produced, and as matter is indestructible, we need not suppose that the covering up of this compost with snow, or its being exposed to the rigour of our winter, will in any way lessen the evil. The summer's sun, aided by the rains of spring, will liberate all kinds of gases, to be wafted into our open windows, and later on, this mass of filth will dry, be reduced to a fine powder, and be blown about by the wind into every quarter of the city.

It has been said that "the health of the people of any country should have the first and highest claim on the Government." Unfortunately in this country sanitary legislation is not even in an embryonic state. We are absolutely without the very first principles of sanitary legislation. In fact, we are in as bad a condition in that respect as were the people of England during the reign of Henry VIII. In those times, when disease and pestilence did occur, it was looked upon as an evidence of Divine wrath, which drove the superstitious to their knees, instead of stimulating them to ascertain the cause of the plague, with a view to its removal.

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### BOARD OF HEALTH.

MONTREAL, NOV., 1874.

DEAR SIR,—Will you please report the total number of cases of Typhoid fever and Small Pox you have had under your care, during the month of October, and make the necessary remarks on the cause of these diseases.

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REPORT :—Please give the residence of the cases reported, in order to know the unhealthy localities, and take the necessary precautions.

The above is a circular which has been left with every medical man in the city, and we believe a sanitary officer is detailed to make a personal application for the information sought. We question very much whether the profession will comply with this request, and if even the returns become general, whether any good will result.

Although it may be desirable to obtain correct information on this important topic, yet the Board of Health are powerless and cannot enforce their demand. Typhoid fever is very general in all quarters of the city, but more especially where there exists a state of overcrowding of buildings for the accommodation of the poorer class. The system of covering every inch of ground with inferior residences, and filling them with tenants, which is to be seen in all



parts of our city, is very injurious to the health of the community ; it not only affects the community where such residences exist, but also those of the better class even to considerable distances. But is the Board of Health in a position to enforce compliance of speculators and builders, in common-sense principles in the creation of tenements. Public health, is not to be preserved by the various means adopted by our Health Board. Statistics are all very well and useful if they can be relied upon, but to be useful, they should be general, not a few desultory remarks from a few individuals. It appears to us that the Board of Health is beginning its work at the wrong end. Let us have a comprehensive public health act, and then will the Boards of health in our various cities be in a position to cope with the difficulty. The indication of the residences of individual patients, as is requested by the above, will not point out the unhealthy localities, and what is meant by "taking the necessary precaution" is utterly beyond our comprehension. What necessary precaution is the Board going to take supposing it be reported that the wife or daughter of one of our merchant princes is lying dangerously ill with Typhoid fever. The Board of health has lamentably failed in its mission : if instead of sending round silly and useless circulars, it took upon itself to supervise the sanitary state of the city generally, we would not have to complain of the many evils which exist amongst us, not the least of which is the spreading of sewage matter on our roadways.

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### VACCINATION AND SMALL-POX.

We extract the following from the *Gazette* of the 2nd instant. It speaks for itself, and is identical with the observations and returns of the London (England) small-pox hospital, which we published some months ago :—Ed.

“A grossly false and pernicious statement has of late been somewhat widely circulated by the opponents of

vaccination, and not a few credulous persons have been misled. It has been asserted boldly that vaccination increases the liability to take small-pox, instead of being the great and only safeguard against its attacks. These and similar statements are freely made and persistently circulated, although no facts or figures can be brought forward in their support. But reliable facts should be the best answer to the ignorant prejudices and to the absurd and criminal representations of such people. The following statistics have been compiled from the books of the Montreal General Hospital, and any person can assure himself of their correctness by calling at the Hospital and enquiring for himself. During the past twelve months there have been 55 *unvaccinated* persons admitted into the small-pox wards. All of them except five have had the confluent form of the disease, *i. e.*, the serious form; and out of the 55 who were admitted 28 died, showing a mortality in the *unvaccinated* of over 50 per cent. On the other hand, among those who had been once vaccinated and had two good marks on the arm, there were only four deaths. Only seven had more than two good marks, and those seven had the mildest form of the disease, and made a rapid recovery. Only two cases were admitted during the past twelve months who had been *successfully revaccinated*, and in them the disease was so mild that they might have been permitted, except as a precautionary measure, to follow their ordinary avocations. And what conclusions would any sensible man make from these data? In the *unvaccinated*, the mortality was over 50 per cent.; among those who had been properly *vaccinated* in their infancy, but who had neglected to be revaccinated, there were only four deaths, while only 2 cases had been admitted where *revaccination* had been successfully performed, and they were of the mildest description."—*Montreal Gazette*.

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MEDICO-CHIRURGICAL SOCIETY.—The fourth annual meeting of this Society was held in the Library of the Natural History Society on Friday evening Oct. 16th, 1874, when the following office-bearers were elected for the ensuing year: President, Dr. Reddy; 1st Vice-President, Dr. Craik; 2nd Vice-President, Dr. Godfrey; Secretary-Treasurer, Dr. Roddick (re-elected); Council, Drs. Scott, Fenwick and Gardner.