

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

T H E DOMINION MEDICAL JOURNAL.

VOL. II.—No. 9.

TORONTO, ONT., MAY, 1870.

(PRICE, \$3 PER ANNUM.
In advance, \$2 "

Original Papers.

VITAL STATISTICS.

(Communicated.)

(Continued.)

As the number of children entering life is regular, both in town and country, those advancing in age would maintain very nearly the same proportions of children to adults, in town and country, provided no migrations from one to the other occurred. But at about the fifteenth year, large migrations begin to take place to the towns, and to this large diversion of people to the centres of population and wealth, must we look for explanation of the fact, that adults between 15 and 60 years constitute 59 per cent. of town populations, and only 51 per cent. of the country. Again, not only is rural greater than rural mortality, in the proportion of 3 to 2, during the whole period of life; but it is also greater at any given age. More strikingly to shew this, divide the whole population into four classes. The first embracing all under 5 years; 2nd, all from 5 to 20 years; 3rd, those between 20 and 60 years; and, 4th, all above this last age. In towns, the mortality in the first class was two and a half times as great as in the insular districts; thus, insular 34.6; mainland rural 43.4; town, 90.5. Again, during the second of the above epochs, the town mortality was nearly double that of the country: insular, 4.40; mainland rural, 6.20; town, 9.30. "The practical corollary deducible from these facts is, that were all our town-born children reared in the country, at least eight thousand lives would be annually saved to the population of Scotland." The 3rd class, extending from 20 to 60 years, embraces the working and active period of life,

and has a low mortality. Still the same unpromising law obtains as in the preceding epochs. Men die in greater number per thousand in the town than in the country during this, as well as during other periods of life; thus: insular, 9.20; mainland rural, 10.20; town, 14.90; and finally, the last stage of all, from 60 upwards, proves equally unfavourable to life in towns as compared with the country: towns, 75.5; mainland rural, 63.4; insular, 55.0; and that, too, notwithstanding the fact that "the proportion of aged persons in the towns is very much smaller than in the rural districts." In every thousand persons of the general population, 115 are above 60 years of age in insular; 87 in mainland rural, and 61 in town districts. Death had cut off so large a proportion of the town populations during the earlier periods of life, that comparatively few were left to survive the 60th year.

At every age, a residence in the city, burns down the taper of human life more rapidly than in the country; the ratio of mortality being somehow inextricably bound up with density of population. Natural laws apparently endeavor to compensate for such high mortality by an increased number of marriages and births.

That this excess in town mortality is *not due* to greater mental activity and consequently greater mental and bodily exhaustion, appears evident from the greater mortality, as well during the earlier periods of life (under 5 years), before the mental powers have been excited to action, as in the aged, when usually the period of mental activity has passed.

If any thing further be required to shew how little rural life conduces to longevity, the average age at death of all populations supplies that want. During the same period, the mean

age at death in insular districts was 41.55; in mainland rural, 35.31; while in the town populations it was only 24.69 years. Astonishing as these facts may appear to some, their astonishment will be further increased when we add, that by removing the small towns varying in population from 3 to 10,000, from the mainland rural districts, as should in all fairness be done in making these calculations, the real average of life in towns would be much shortened, while the true average for the mainland rural would be raised from 35.31 years, to 40.

This would shew that a residence in towns shortened every individual's life by about fifteen years, which additional years he would have enjoyed, if he had lived in a purely rural district. If the mortality of the towns could be brought down to that of the mainland rural districts, there would be an annual saving of thirteen thousand lives to the population of Scotland.

CASE OF DISLOCATION OF HUMERUS— UNREduced.

By H. B. EVANS, M.R.C.S.,
KINGSTON.

In a late issue you say,—“We hope our friends will contribute the results of some of their failures and mistakes, as these are often more instructive than their successful cases.” I wish to relate then how I failed to reduce a luxation of the shoulder joint. On the 14th February, at 1 A.M., I was called to see W. P., printer, ætat. 24, who had dislocated his left shoulder during an epileptic attack. I found the patient but just recovering, and partly insensible to external impressions. On inquiry, I learned from his friends that this was the sixth time the shoulder had been dislocated under these circumstances. W. P. is a small man, of leuco-phlegmatic temperament, and without much muscular development, so that I anticipated an easy success, and more particularly as the system was in a state of extreme relaxation and prostration, after the epileptic seizure. On examination, I found the head of the bone lying upon the second rib, directly under the clavicle. Rotation was impossible, and manipulation gave great pain. I proceeded to reduce in the usual way, a movement and sud-

den snap gave reason for his father to exclaim:—“Oh! it is in;” but, however, I thought differently, and found that I was not mistaken. The attempts at reduction caused great pain and exhaustion to the patient, and being fearful of exciting another fit, I determined to desist till he somewhat recovered, there being neither pain or uneasiness. He slept about four hours; I then proceeded, with the assistance of two young gentlemen (medical students) to make another attempt, and we most signally failed, although the patient was beautifully under the influence of chloroform. The pulleys were then applied without success. Jarvis' adjustor was used without moving the head of the bone one line from its position, where it could be plainly seen and felt. During all this, time it must be remembered that W. P. was under the influence of chloroform, and the antagonistic muscles, soft and relaxed, apparently offering in themselves no opposition to the reduction of the bone. After six hours interrupted attempts, I determined to cease from any further efforts at reduction, and being unwilling to take the responsibility of this case alone, I requested a consultation. Dr. McLean, of this city, was called in, who examined the patient most attentively, and on being made acquainted with the history and treatment that had been adopted, advised that the bone should be allowed to remain in *statu quo*. In the mean time, the patient had awakened from his induced sleep, was perfectly sensible, and when asked if he had felt the violent extension that had been applied, said,—“Not at all.” The arm was now rotated with considerable ease, and without pain; W. P. expressed himself as—“all right,” and proceeded to imitate the process of type setting with both hands, which he performed with great dexterity. We now got from him a better and more detailed account of his case. It is about three months since his shoulder was last dislocated, it was reduced with difficulty after three or four hours of extension, &c. The next day he went to work, but the shoulder was not bandaged.

I can only form a conjecture on this difficult case. From frequent displacement and loss of nervous power on the left side, dependent on some diseased condition of the brain and spinal

marrow, caused by a fall on the head when a child, the arm when reduced, on the occasion spoken of, returned afterwards to its abnormal position. The pressure of the head of the bone not being on the axillary plexus of nerves, but on the soft pectoral muscle, gave not much pain or inconvenience, and escaped particular notice. My impression is also, that during the epileptic convulsions, the humerus was jerked further inwards out of its artificial joint, and that the noise heard when reduction was first attempted, arose from its being removed from the second dislocation again into the first, because before this had taken place, rotation was impossible, and the attempt caused much pain.

* * * * *

Possibly an independent judgment should have anticipated the true history of this case, and jumped to the conclusion to which we at last arrived; but the reputation of the surgeon appeared to be at stake—another opprobrium was to be heaped upon our science, and a man was to be turned upon the world maimed for life; hence the persistent efforts and the desire to accomplish the end. Yet some extenuating circumstances attend the case: the patient when first seen was quite unable to give a history of himself; there was the bone lying plain and unobtrusively in its abnormal position, and where is the surgeon who would not have attempted its reduction under the circumstances?

This case, in itself instructive, might yet be useful in a medico-legal point of view.

ACUTE POISONING BY ERGOT.

By DR. OLDRIGHT.

Abstract of a paper read before the Medical Section Canadian Institute, Toronto.

The ergot was given three days after delivery to control secondary hæmorrhage. The loss by flooding was very slight. About two hours, or more, after the administration of the ergot, the patient began to feel a tingling in the fingers and feet, cramps in the legs, arms and chest, dizziness and weakness; the pupils became dilated, and the pulse very small, and, if memory serves, accelerated. At the same time, a feeling of coldness was complained of. Stimulants and warmth were applied. In about an

hour the symptoms gradually subsided, and all went well for a few hours, when the same symptoms recurred, but with greater intensity. Stimulants were again administered, and heat was applied to the surface of the body by means of extra bed-clothes, hot bottles, and flannels dipped in hot water. This was continued for two or three hours, and it was not till the end of that time that the slightest diaphoresis, or even a good glow of heat, was induced. Then the face and head suddenly became intensely congested, being of a purplish red color. Pain was felt in the head, and the patient seemed much excited and confused. A brother practitioner was called in, and it being feared that convulsions would occur, cold cloths were applied to the head. The intense engorgement gradually subsided, but the congestion continued for two or three days, as manifested by pain in the head, photophobia, &c. Another symptom which was noticed, was a diarrhoea, in which the stools were of a dark grey color and looked as though meal had been stirred through them. They had a peculiar sickly, indescribable odor, and were accompanied by griping pains.

This condition of the bowels was noticed in another case, occurring a few months after, where ergot had been given. Here, also, had been a good deal of weakness, and a continual recurrence of faintness; but this was attributed to loss of blood during labor and before it, the case having been almost one of placenta prævia.

As to the *modus operandi* of ergot in these cases, Wood, in his "Materia Medica" and "Dispensatory," teaches that it is a direct depressant, partially paralyzing the heart and the capillaries. I do not feel prepared to go very deeply into the question, but it seems probable that its primary action is excitant to the spinal and sympathetic portions of the nervous system, exciting muscular contraction, and increased tonicity of musculo-fibrous and fibrous tissues. Hence the spasms which it causes. In this way it would diminish the calibre of the arteries and capillaries, whilst it would impede (and here we must remember how continuous and unremitting is its action on the womb) the action of the heart, keeping it in a condition of *continuous* partial contraction. This causes starvation of

the brain (as well as other parts), and at once brings on the second stage, faintness, vertigo, &c. This is soon followed by a third stage of reaction, and congestion of the brain.

Amongst a number of arguments, the following may be adduced. It is inconsistent to attribute to the same drug the power of directly exciting muscular action in one organ, and of directly paralyzing it in others. Dr. Wood, himself, confesses, when speaking of the recommendation ergot has received, in paraplegia and paralytic conditions of the bladder, that its "applicability in these cases, would scarcely be inferred from anything that is known (according to his theory) of its physiological effects." This points to a power of inducing muscular action; as also do the cramps in the legs, chest, etc., which he does not explain. Again paralysis of the capillaries would not, as Dr. Wood asserts, arrest hemorrhage. He takes it for granted that the capillaries have, *in se*, the power of propelling the blood.

A BRIEF SKETCH OF RELAPSING FEVER.

By JAMES J. O'DEA, M.D.,

NEW YORK.

Read before the Canadian Institute, Toronto, March, 1870.

MR. CHAIRMAN AND GENTLEMEN,—The disease which is now infesting certain parts of the city of New York, is generally known as Relapsing Fever (*Febris Recurrens*), but has also received other names, such as five days' fever, seventeen days' fever, bilious relapsing fever, mild yellow fever, synocha, and in Germany, *lauger pest*.

HISTORY.

It has prevailed at various times in the northern parts of Europe, and in many of the large towns of England, Ireland and Scotland, during the past 150 years.

About the first record of its appearance is contained in Rutt's "Chronological History of the Weather, Seasons, and Diseases of Dublin from 1725 to 1765." It is there stated to have occurred in that city during the summer and autumn of 1739. A similar seizure followed in 1741, about which this author writes as follows: "Through the three summer months there was frequently, here and there, a fever, altogether without the malignity attending the former, of six

or seven days duration, terminating in a critical sweat; but in this the patients were more subject" (than in 1731 I suppose). "to a relapse even to a third or fourth time, and yet recovered." Since this account was given, the disease in question has often appeared in many cities of the old world, sometimes preceding or mixed up with other epidemics, as, for example, those of Irish typhus from 1816 to 1826; sometimes happening alone, as in Edinburgh and Leith in 1843, and in Glasgow, Edinburgh, and parts of England in 1847 and 1848.

On this side of the Atlantic, the disease was first observed in Philadelphia, where a vessel from Liverpool landed a cargo of emigrants in 1844. Fifteen of these, being sick when they landed, were sent to Philadelphia Hospital, where they came under the care of Dr. Meredyth Clymer, who, observing the disease closely, discovered it to be an unfamiliar form of fever. The description, he gives of its phenomena corresponds in every essential particular with the recorded observations of all authorities on relapsing fever. Subsequently to this the disease appeared in New York and Buffalo. It visited South America in 1854, appearing in Peru and Bolivia.

It is to be remarked that the appearance of the disease in America has hitherto followed its prevalence in the old world. This has been already demonstrated of our epidemics of 1844, 1847 and 1848, and I am now about to call your attention to the same fact illustrated in the history of our present seizure. The disease seemed to have disappeared in Great Britain and Ireland after the epidemic of 1847-8. Professor W. T. Gardner, of Edinburgh, had not seen a case from 1855 to 1868, and Dr. Lyons thought it had left Ireland. Unexpectedly, in July 1868, a case was admitted into the London Fever Hospital from Whitechapel, and by October 1869, in which month 127 cases were there treated, it had become very prevalent. By Dr. Murchison's observations, published in the *Lancet*, (vol. 2, 1869, p. 504), it will be seen that the disease assumed its well-known form. Fever, preceded by a chill, set in suddenly. The temperature rose rapidly to 104° or 105° Fahr., and the pulse reached 120, or even 130, within 24 hours.

Severe headache, pains in the muscles and knees, tenderness over the stomach and liver were complained of. On the 5th, 6th, or 7th day a copious sweat broke out, and almost immediately the fever commenced to decline. "In a few hours," he writes, "the pulse would fall from 128 to 84 or 60, and the temperature from 104° or 105° Fahr., to 96°." In some cases, a cutaneous eruption was visible, but it varied in character, being sometimes sudaminous, at others rubeolous, occasionally little specks of extravasated blood were seen in the skin.

From the Report of the Sanitary Superintendent of the Metropolitan Board of Health. Dr. Harris, published in the New York *Herald* of February 9th, 1870, it seems that the first group of cases occurred in this city during the last ten days in September, in one of the most crowded and destitute parts of the city, namely, about the junction of Baxter and Worth streets, on the east-side of the town, a quarter occupied by old clothes dealers, rag-gatherers, beggars, vagrants, and others of the most indigent of our very mixed society. From the two houses it first attacked in this vicinity, it spread to Mott, Mulberry, Cherry, Water and other streets on the east-side of the city, very little of it appearing on the west. It has attacked about 500 people.

The report informs us that, "the fever has progressed slowly, and it is believed that nearly all of its nests are already known and broken up. * * Our chief difficulty in restraining the spread of the fever consists in restraining and watching the low lodging house class of persons. They have been chief carriers of this fever, and have become the centres that gave origin to 15 out of 19 of the group of tenement epidemics."

Those who are not acquainted with the tenement house system, as it has existed in this city since the war, will hardly realize its influence as an aid to the propagation and spread of epidemic disease, even with the assistance of a description much more minute than I have space to give. But some idea may be formed in respect to it after reading the following, which I extract from the fourth annual statement of the Metropolitan Board of Health, (see Report for 1869, p. 24, et seq).

"On the 8th of September," (this document informs us), "the Committee reported that they had made extended tours through the tenement house districts of the city, and had made personal examination as to the management and condition of the larger buildings of this class. In general, they found that the worst class of tenement houses were those where a landlord had accommodations for ten families, and these buildings *comprise more than half* of the tenement houses of the city, and accommodate more than *two-thirds* of the entire tenement house population. * * It is among this class of tenement houses that nearly all the evils of the tenement house system in New York are found. * * * The little colony exhibits in their rooms, and in the areas around their dwellings, extreme want of care. The street in front of the place was reeking with slops and garbage; the alleys and passage ways were foul with excrements; * * the privies, located in a close court between the rear and front houses, were dilapidated, and gave out volumes of noisome odors, which filled the whole area, and were diffused through all the rooms opening upon it; and the halls and apartments of the wretched occupants were close, unventilated and unclean."

Among such classes of the people, the disease originated in this city, and to them it has been hitherto chiefly confined, owing, most likely, to the exertions of the Metropolitan Board of Health. How it came here is not satisfactorily ascertained, though there is no doubt of its having been imported from abroad.

CHARACTER OF THE DISEASE.

The features of the disease, as observed here at present, correspond exactly with the descriptions we have of it from the physicians of the old country. Its invasion is usually sudden; commencing with a chill, which is soon followed by a hot though moist skin, a quick pulse, a white moist tongue; sometimes streaked brown down the centre, prostration, distressing headache, and pains almost rheumatic in intensity in the muscles and joints, particularly in the calves of the legs and knee joints. Sometimes on the 2nd or 3rd day the epigastrium is tender, and vomiting commences, often frequent and distressing, of a greenish or yellowish fluid. On the 3rd or 4th

day the skin may have a yellowish tinge, which gradually deepens into jaundice. The liver is then tender and enlarged, the vomiting continues, the ejecta occasionally having a coffee ground appearance, and in rare cases being black. The urine is soon tinged with bile. There is generally constipation, though sometimes diarrhoea, and the stools are always bilious. From this fact it has been inferred that there is no obstruction of the common bile duct—an inference substantiated by repeated *post mortem* examinations. On the 5th, 6th or 7th day, when all the symptoms are becoming rapidly more alarming, there occurs a surprising change. A copious sweat breaks out and lasts from 12 to 36 hours. It has a sour smell, like that of inflammatory rheumatism. Rapidly the pulse and heat of skin decline, leaving the patient cool, but more or less prostrate, and still suffering from pains in the muscles of the extremities. This is the crisis, which, however, is sometimes succeeded by diarrhoea, diuresis or epistaxis, though the result remains the same, namely, the commencement of convalescence, the return of appetite, and, minus the pains and weakness, a return to comparative good health. Now follows the stage of the disease which has supplied it with its distinctive name, *Relapsing Fever*. After this apparent good health has lasted from 4 to 10 days, during which the patient may have felt well enough to go out of doors, the original series of phenomena reappear in the same order, namely, chill (not so distinct as in the first attack,) fever, headache, &c., all of which terminate in four or five days by crisis, as before. Rarely, very rarely indeed, has the patient escaped this relapse. In a few well authenticated cases, four or five relapses have happened to the same person in succession, at intervals of four or five days.

PECULIARITIES OF THE DISEASE.

The Rash—A good deal has been written about what kind of eruption is characteristic of this disease; but the question is not yet settled. In this city a few cases have presented a rose-colored rash, commencing over the epigastrium, and thence spreading over the chest and abdomen. But in the majority the eruption was

merely of sudamina or miliary vesicles, and therefore not characteristic of this disease. The rose rash is very evanescent. It appears about 24 hours after the onset of the fever, but soon fades, to reappear again and again. This is probably the rash described by the Scotch observers of 1843, Patterson, Halliday, Douglas, &c., as a "Measly looking Efflorescence," a "Measly Eruption," and by Virchow—who was commissioned in 1848 by the Prussian Government, to report on the nature and extent of the Silesian epidemic—under two forms, namely, as "Roscola Typhosa," and as a "Rubeolous Eruption."

The Jaundice—This symptom is only occasionally present. Among the 103 cases admitted into Bellevue Hospital during the past three months, December, January and February, only nine had it. It is nearly always accompanied with hepatic tenderness, though this latter symptom as often exists without the jaundice. It is a symptom more prevalent in some towns than in others, and more frequent in some epidemics than in others. Dr. Jenner (*Medical Times*, Dec., 1850,) saw it in one-fourth of his cases in London. It occurred 29 times in the 220 cases treated by Halliday Douglas. Robert Paterson met with it 4 times only in 141 cases treated during the Edinburgh epidemic of 1847-'48. In only one of the nine cases observed by myself was there an icteric hue of skin and conjunctiva, and this was very light. It is a symptom which may occur at any period of the fever, either during its first or second attack.

The Pains—The frequency with which pains are complained of in the calves of the legs, knee joints, up the thighs, across the back, in the arms and shoulders, in the back of the neck and head, is a very characteristic feature of the disease. Not one of the nine sufferers I observed, failed to draw special attention to these pains, particularly in the calves of the legs, back and head. Every one of the 103 formerly mentioned as treated in Bellevue Hospital had them, and I do not remember to have heard that they were absent in a single case of which public mention has been made in this city. They are also very persistent, continuing often during the apyrexial interval between the two

attacks, and even for some time after the relapse has been gone through.

The Crisis—The fever terminates in the great majority of cases by a crisis of one kind or other, most commonly by a profuse sweat. The water often stands out in large drops, and rolls down the patient's skin. It has often a sour smell, as if coming from one afflicted with rheumatic fever. But it sometimes happens, though not often, that this kind of crisis is replaced by another, such as epistaxis, diuresis or diarrhœa. Again it does occasionally happen that there is no crisis of any kind, the patient passing gradually from sickness to health. These are imperfectly marked cases. I have seen one of them.

The intermission is not free from complaint, for though the pulse is quiet, the temperature normal or even below the healthy standard, and the appetite pretty good, there is languor, and those persistent pains of which I have already spoken are much complained of in the legs, knees and shoulders.

The relapse occurs in by far the great majority of cases, though even this, perhaps, the most characteristic feature of the disease, is occasionally absent. It usually comes on about the 4th day, and consists of a repetition of the phenomena of the first fever, though generally modified in severity. It lasts a shorter time, and terminates by crisis. Sometimes the same patient passes through 3, 4 or even 5 relapses in succession, with intervals of 3 or 4 days.

Mortality—In general terms it may be said that the disease is not very fatal. The death rate varies, however, in different epidemics. In that of Glasgow in 1847, it was 6.38 per cent. In Edinburgh, in the same year, it was 3.14 per cent. It has varied in this city during the present epidemic according to the surroundings of the patients. When left in their own lodgings, *free* die out of every hundred, but when removed to Hospital, only about 2 per cent. die. Every day, this city is scoured for cases which, when found, are immediately sent off to the fever Hospitals on Blackwell's and Hart's Islands. Thus no new centre of contagion is suffered to remain twenty-four hours within the city limits. Pregnant women attacked by the fever are

almost certain to abort, the child being usually still-born or dying soon after birth.

Death is most frequently the consequence of some complication arising during the progress of the disease, as pneumonia or dysentery. But it should be remembered that instances of very sudden death have been recorded, as by syncope during the profuse sweats, or by epileptiform convulsions, in consequence of uræmic poisoning.

Degree of Contagion—Since the disease broke out in this city, in September, 1869, it is computed that 500 people have been attacked by it. Of this number the great majority live in the over-crowded parts of the city already described. It is in the strict sense of the word contagions, *i. e.*, communicable from the sick to the healthy, when the latter breathes, in a close room, the atmosphere surrounding the patient, or when, in a ventilated apartment, he comes close to him. It will not surprise you, therefore, to hear that some of the hospital physicians and nurses have had their attacks. Dr. Austin Flint, in his late able lecture on the subject of this paper, (*N. Y. Medical Journal*, March, '70,) has the following observations in reference to this point. "During the period in which cases were received in Bellevue Hospital, after the disease began to prevail recently in this city, namely between Nov. 14th, 1869, and February 6th, 1870, twelve persons contracted the fever in hospital. These twelve persons were especially brought into contact with patients affected with the disease, and in no instance did it attack one who had not been thus exposed. One of the senior assistant physicians residing in the hospital has had it. The orderly in one of my wards contracted it; and his wife, who came to nurse him, was attacked by it. The disease has often been diffused in localities in which it did not previously exist, after the importation of a case." Those who enter a close room where many are gathered having this fever, would do well to take a hint from Professor Tyndall's recent lecture on "Dust and Disease," (*London Times*, Feb. 23rd, '70), and wear a respirator of cotton-wool while there.

TREATMENT.

In the treatment of this disease the physician must be guided by observation and judg-

ment. No remedy hitherto employed has seemed to influence its course in any material degree. Quinine has been administered in large doses in the intermission, with the hope of preventing the relapse, but without success. The fever will run its course in spite of the most skilful medication. Therefore, all the efforts of the physician should be directed to sustaining the patient, and to relieving the distress of certain symptoms. He should be made to occupy a temperate, well-ventilated, and, if possible, large room. He should not be burdened with bed clothes. The violence of his fever may be subdued by tepid water sponging night and morning. He should be permitted a plentiful supply of cold water or carbonic acid water. Dr. Murchison recommends, as an excellent febrifuge drink, one or two drachms of nitrate of potash dissolved in one quart of barley water acidulated with one fluid drachm of dilute nitric acid and sweetened with simple syrup. This quantity is allowed every 24 hours.

The troublesome vomiting which sometimes comes on about the 2nd, 3rd or 4th day is best allayed, I think, by swallowing ice, and by the administration of a powder every two or three hours, consisting of 2 or 3 grs. subcarbonate of bismuth and $\frac{1}{2}$ gr. sulphate of morphia. The bowels should be attended to; should they be constipated, which is usually the case, they may be moved by a mild saline purgative administered early in the morning. If jaundice appear Dr. Murchison's treatment should be mainly relied on. It consists of 20 min. dilute hydrochloric acid, x min. dilute nitric acid every four hours in some of the nitre drink (*minus* the drachm of nitric acid therein contained.)

Particular attention should be directed at every visit to the condition of the urinary secretion, respiration and the heart. Sometimes the kidneys fail to perform their function, and death is threatened by uræmia. Then no time should be lost, but every effort should be made to rouse them into action by free purgation. Again it will sometimes happen that the exhaustion induced by the copious sweat threatens death by syncope. The body will present a mottled blue appearance, its temperature sinks, and the heart's action becomes feeble and fluttering. In this

emergency, free stimulation with hot whiskey or brandy and milk punch will be necessary to save life.

Deaths by uræmic poisoning and by syncope have occurred, though rarely, in this city, and are both sudden and shocking, the patient dropping dead from failure of the heart or passing away rapidly in convulsions of an epileptiform character. To be forewarned is to be forearmed.

During the progress of the fever, in the first attack or in the relapse, bronchitis or pneumonia may arise. As a rule, neither will be found very formidable, but when present they must be closely watched.

The diet throughout the febrile attacks should be milk and animal broths. In the intermission, fresh meats broiled, light puddings or stewed fruit will be appropriate. The appetite returns quickly with the subsidence of the fever, and such food is well relished.

I append a table of the particulars relating to 103 cases of relapsing fever admitted into Bellevue Hospital from November 14th, 1869, to the present month. There are no cases now there, all the poor patients being sent by the Board of Health, so soon as their disease is diagnosed, to Blackwell's and Hart's Islands. The report is furnished by Dr. Moore, House Physician to Bellevue.

Total of cases treated in Hospital	103
Number of cases Jaundiced.....	9
“ “ with Hepatic tenderness..	18
“ “ “ Splenic “ ..	11
“ “ “ Epistaxis.....	21
“ “ “ Nausea and vomiting	39
“ “ “ Diarrhœa	11
“ “ “ Eruption.....	5
“ “ “ Delirium.....	4
“ “ “ Bronchitis.....	6
“ “ “ Muscular pains in the calves of the legs, knee joints and upper extremities	103
Number of cases with pains in the head and back	103
Number of cases fatal	2
Causes of death in fatal cases:	
Suppression of urine.....	1
From the Fever.....	1
Number of cases with epileptiform convulsions.....	1

All cases except those mentioned as having diarrhoea were more or less constipated.

In conclusion allow me to express my full sense of the defectiveness of this sketch. I hope the Society will excuse its short-comings and consider the very brief time allowed me for its completion.

[We beg to say the writer had no idea that his paper would be printed, and had no opportunity to correct the proof.—Eds. D. M. J.]

Selected Papers.

On the Management of Lumbar and Psoas Abscess.

By CHARLES F. TAYLOR, M. D.

Read before the New York Medical Journal Association, December 17th, 1869.

(Concluded.)

To go back once more to the period of my first experience with abscesses.

I ascertained, as before said, that a certain number of abscesses would disappear soon after the application of the spinal assistant, which I had contrived for these cases, but I was not always so fortunate. Cases would present themselves with disease of the spine, complicated with large, long standing abscesses, and these gave me the greatest anxiety. Having seen the disastrous consequences of non-interference, I called Dr. Van Buren in consultation in my next important case; and it is due to candor to say, that it was from him that I got my first clear ideas of the injurious consequences of retaining a reservoir of pus in the soft parts. Dr. Van Buren advised the removal of the pus by the trochar, so soon as there was any considerable quantity, and repeating the operation as often as the cavity became filled again. He regarded the exclusion of air an important point, but the relieving of soft tissues from the destruction of their vitality, by the pressure of an accumulating abscess, of still greater. He correctly pointed out to me that from the lowered vitality of the parts adjacent to the abscess, they might become degenerated, and by secreting pus, in turn add a drain to the system, of more injury than the original source in the bodies of the vertebræ. For some time I used the trochar in accordance with Dr. Van Buren's recommendations; being careful always to use compression and endeavor to diminish, if not obliterate the reservoir. This operation was repeated as often as it was necessary to prevent any large accumulation of fluid. I was well satisfied with the results.

But the use of the trochar has its drawbacks. Besides being excessively painful, especially when repeated several times, many abscesses cannot be evacuated through the canula. An old abscess is apt to be filled with shreds of disintegrated muscle, fibrinous substances and cheesy matters, which effectually block up the largest canula. Fearing still to use the knife, which has been so much condemned in such cases, I found the use of the trochar, which gave satisfactory results in some cases, fail in others. My path was thus partially blocked up till accident opened the way. Having a delicate and strumous child, with a lumbar abscess reaching far out on to the floating ribs, she was chloroformed and the trochar plunged in. But no pus came. The canula was filled with shreds of disintegrated tissue. The skin was thin and tender, and on removing the tube, the matter followed, and the abscess was freely evacuated. Pressure was made by a compress over the abscess, except the outlet, which was left free, and securely fastened by adhesive strips.

The discharge continued for three weeks and then dried up. There was not the least constitutional disturbance.

Encouraged by the results in this instance, the next case was treated by a free incision and opening into the abscess, and this has been my unvarying practice ever since. Prompt evacuation of the contents of an abscess on its first appearance, by a free incision in the most dependent part, so as to secure complete egress of the fluid; firm and persistent pressure over the cavity, greatest at the circumference, and allowing the opening to be free; a few days of quiet of the patient, and increased vigilance in protecting the spinal column; this for the past five years has been my practice in the management of lumbar and psoas abscess. And I can say with emphasis, that in no single instance has there been the slightest constitutional disturbance or the least indications of the calamities which I had been led to expect. As my experience has been entirely uniform in this respect, I am led to the conclusion that it is the treatment to the spine, the drying up at its source of the cause of the abscess, and leaving little or nothing but the local trouble to be dealt with, which has made the difference between the experience of other surgeons, who have confessedly not contemplated the arrest of the caries in the vertebræ, and my own. With adequate protection to the diseased vertebræ, one may lay open a newly formed abscess with impunity. The danger from the contact of air only occurs when the acrid, decomposing substance from the disintegrated bone is passing through it. If this

source can be dried up, as I broadly assert that it can be in a majority of cases, we have nothing left but the reservoir with the vitality of its walls and subjacent tissue, more or less impaired, according to the pressure which has been exerted upon them, or the length of time they have been corroded by contact with unhealthy fluids, to deal with.

And here I come to my third proposition, which is this: The chief danger of a lumbar or psoas abscess arises—all other things being equal—from the neglect of it rather than from the fact of it.

My experience seems to have completely demonstrated that even in those cases—and they are few—where it is impossible to so far arrest the disease in the vertebræ as to prevent a discharge, if this discharge is prevented from accumulating, by an early and free opening of the reservoir, and the tract of the discharge is reduced to a simple sinus, which furnishes outlet to the fluids, there is no danger to be apprehended. On the contrary, there is positive relief to the spine, and an acceleration of reparative action to have a free outlet to the fluids, resulting from the morbid process going on there. The case has not yet occurred in my experience, where the opening of an abscess at any stage, has been attended by anything but relief to the patient, even when it has been delayed so long that there was a continuous discharge afterwards. But whether there be a continuous discharge after the opening of an abscess, or whether it rapidly dries up, depends almost entirely on how long the abscess has been allowed to remain to the injury of the tissues it lies in contact with. Our records show scarcely a single case where the abscess was opened in accordance with the principles above laid down, that the discharge did not gradually diminish, and finally cease altogether, without any of the constitutional irritation so generally feared. On the other hand, there is generally a marked improvement in the patient's condition, directly traceable to relief from the disturbing influence of accumulating fluids.

It is particularly desirable to remove the contents of an abscess situated over or near a bony tissue. An abscess over the sacrum, for instance, in a very short time, will so corrode the surface of that bone as to set up a new osseous disease, a new constitutional disturbance, and an independent drain on the system. I repeat that the neglect of these abscesses constitutes their chief danger.

The following cases will verify this assertion.

Case III.—W. G., 9 years old; disease involving several vertebræ, having its greatest prominence at the twelfth dorsal. Psoas abscess showing at the

anterior and inner aspect of the thigh. Active and increasing. Opened by free incision October 1st, and one pint and a half of pus discharged. Dressed with strong compression on circumference of cyst, which was made each day to gradually approach the opening. Closed in about two weeks.

Case IV.—A. D., from Canada, 5 years old, with Pott's disease in lumbar region. Recent abscess on posterior aspect of right ilium. After securing firm support to the spine, the abscess was evacuated by free incision, and it closed in ten days. In this case, although the abscess had occupied the situation but a couple of months, there were indications that the ilium had already begun to be corroded by the contact of pus.

Case V.—W. C., aged 4 years, injured by falling down stairs, September, 1868. Projection in the spinal column, and lumbar abscess noticed October 14th, 1868. Abscess opened October 17th, and discharged one pint of pus. Closed and entirely healed, October 26th, 1868, in nine days. No trouble up to the present time.

In all of these cases, the abscess was opened while it was actively increasing, and not very long after the reservoir had formed. The success of their treatment depends less on the size of the abscess than on the length of time it has existed. An old abscess, even if it be very small in size, presents serious obstacles to rapid obliteration. When pus is allowed to remain in contact with healthy tissues, they are not only injured or destroyed by the pressure and presence of unhealthy fluids, but to protect themselves, the matter is encysted by the formation of a lining membrane, which not only becomes a secreting surface, but by its low vitality, rapidly dies, on its injury and the introduction of air.

And it is owing to the disastrous results in such cases—in the old encysted abscesses, where no arrest of the disease of the spine has been attempted, that has caused the repugnance to surgical interference. But you will notice that the conditions I have presented differ as widely as do the results of my practice. To arrest the disease in the vertebræ, and then discharge the contents of the abscess before the formation of a cyst, and while the tissues are still healthy and capable of rapidly uniting, constitute the idea of my practice. It, of course, entirely depends upon the recent success in the treatment of disease of the spine.

Although there are many cases which do recover of an abscess by absorption, yet I consider it the safer, and therefore the better practice, to always open them.

Where the abscess has remained for several months, especially where it has remained stationary for that length of time, I do not generally expect rapid cessation of the discharge and closing of the opening. Though persistent pressure will do much even in those cases. If an abscess is allowed to remain a long time undischarged, we are apt to have serious secondary complications, the direct result of neglect, in the erosion and disease of bone, with which the pent up fluid has lain in contact. These secondary troubles are often of far greater seriousness than the original disease in the spine. And they are nearly or quite all avoidable by the early evacuation of the fluid. I have known cases of hip-joint disease where a small quantity of pus escaped from the joint and made its way along the femur, and by lying in contact with the bone for a length of time, establish a new and independent disease, with an issue which continued long after every vestige of the original disease in the joint had ceased to exist.

I have said nothing in regard to the importance of early evacuation of lumbar and psoas abscess, which does not lie with equal emphasis in regard to the abscesses formed in connection with disease of the hip joint.

In still further illustration of this subject, I will give a few cases of abscesses in the latter disease.

CASE VI.—N. E. had hip-joint disease for one year; thigh flexed on the pelvis. Had suffered severely for several months, but the pains had ceased about two weeks before I saw him. This sudden cessation of severe pain in the hip without treatment, is a sure sign of escape of pus from the joint by perforation of the capsular ligament. The case went on very favorably for several months, when the abscess, which had been expected, made its appearance. At the earnest request of his mother, the abscess was not opened, and in the course of a few months it had entirely disappeared. The patient is now well of the disease, with good motion at the hip-joint; but there is less muscular power than in cases where the matter has been let out, in consequence, I believe, of the injury to the muscles, by its remaining long in their contact.

CASE VII.—L. N., five years old, disease of hip two and a half years. Symptoms of an abscess were prominent, such as excessive pain with violent muscular contractions, when brought to me for treatment. Three months afterward the abscess appeared. It was promptly let out by a free incision. Patient was greatly relieved; no constitutional disturbance followed, and after discharging about three months, it ceased altogether. Six

months later, patient had perfect motion in hip-joint; natural position of leg, no flexion or adduction, and perfect use of the muscles.

Of course in hip-joint disease, as in disease of the spine, the primary idea is first to relieve pressure in the joint, before treating the abscess.

I had prepared from our books a large number of cases to establish and illustrate the positions assumed in this paper. But the limits of my remarks are already exceeded, and I will not tax your time further.

If I have succeeded in convincing you that the time has arrived for the profession to take a step forward in another direction, as it is already advancing in so many ways, I shall have accomplished the object of my remarks this evening.

(NOTE.—Cases III, IV and V, were attended by Dr. David C. Carr, of the Orthopedic Dispensary.)

Pepsine.

Dr. Long, of Dublin, publishes in the *Dublin Medical Press and Circular*, the following new process for preparing a digestive fluid "definite and certain in strength, and not unpleasant to the taste." The fresh stomach of the pig, having been washed in water sufficiently to remove all particles of food, and the cardiac end removed, as affording rennet only, is cut into slips and digested for one week in as much glycerine as will entirely cover it, then strained and filtered. The resulting fluid is about the consistency of simple syrup, somewhat thinner than glycerine, of a pale sherry color, sweet to the taste, with the characteristic flavor of pepsine. A drachm of this fluid, with 15 minims of muriatic acid and an ounce of water added, readily dissolved, at 100° F., 700 grains of moist fibrine. Half a drachm to a drachm of this preparation should be a full equivalent for the ordinary dose of Boudault's (or Hawley's) pepsine, and should be combined with a few drops of muriatic acid, to be taken at meal times. This "glycerole" of pepsine ought to prove a very efficient preparation. The various solutions of pepsine in the market, prepared with sherry or alcoholic solvents, are more or less liable to spoil, and besides, alcoholic fluids interfere, as is well known, with the solvent action of the gastric juice. The process of preparation is so simple that any one may give it a trial, and if it proves all that Dr. Long claims for it, it should bring pepsine, heretofore a costly as well as a valuable remedy, within the means of ordinary patients.—*The Detroit Review of Medicine*.

The Dominion Medical Journal,

A MONTHLY RECORD OF

MEDICAL AND SURGICAL SCIENCE.

EDITORS:

UZZIEL OGDEN, M.D., L.M.B.

J. WIDMER ROLPH, M.D., L.R.C.P., LOND.

TORONTO, MAY, 1970.

ACTION FOR ALLEGED MAL-PRACTICE.

DANZY VS. HYDE.

As suits of this kind are becoming notoriously frequent, both in this country and the United States, we give a summary of one recently tried at Stratford, which, we think, will exert a salutary influence in that part of the country at least.

At the late assizes, county of Perth, His Honor Chief Justice Hagarty presiding, the following suit for damages was tried :

David Danzy, et. 43, on the 3rd of March, '69, fell a distance of 26 feet, striking the ground on the back of his right hand and right side.

Dr. Hyde saw him immediately and detected Colles' fracture of the wrist, and other serious injuries, especially in the right hip. The Dr. immediately reduced the fracture, and applied straight splints, remarking "that there was an unusual amount of mobility, the result of injury, in the wrist joint." The treatment was conducted in the usual manner, and, as often happens in such cases, there remains yet—only 14 months after the accident—some stiffness of the joint and slight deformity, hence the action, prompted (no doubt conscientiously) by some member of our own profession.

The plaintiff called Drs. Brown, of London, Ford, of St. Mary's, and Lucas, of Stratford, who deposed to the nature of the injury, but were all unwilling, with the exception of Dr. Brown, to sustain the charge of malpractice against Dr. Hyde.

Dr. Brown regarded the injury as that usually known as Barton's fracture, and believed there was "not reasonable care" exercised on the part of defendant, and in consequence thereof, prominence of the ulna and stiffness of the wrist remained. He readily admitted, however, that Barton's fracture was more serious than Colles', and thought a straight splint as good as any.

Defendant's counsel claimed a non-suit on the ground of disagreement among plaintiff's witness-

es, only one swearing to "want of reasonable care." His Lordship remarked, "it was perfect nonsense to expect a Judge and Jury to decide if there was malpractice, when scientific gentlemen were unable to say." He thought the case must go to the jury. He said, "I have a private opinion about it, however. It is exceedingly unsatisfactory; the plaintiff must make out an affirmative case. However, after recalling Dr. Brown and hearing his evidence again, I must let the case go to the jury, although I think it *very unsatisfactory*."

The defendant called Drs. Lizars, Wright, and Ross, of Toronto; Smith, Jackson and Eby, of ———— who, on examining plaintiff's wrist, found the fractured bone properly reduced, the swelling only such as frequently results, and wholly due to inflammatory deposit. There was considerable projection of the lower end of the ulna, but pronation, supination, flexion and extension, quite good though not perfect, and according to plaintiff's own statement, continually improving.

These witnesses were of opinion that the results of treatment were all that, in a man of his age, who had sustained so great a fall, could reasonably be expected, that in point of fact the result was an average good one, that the wrist is now a useful one, and from plaintiff's own shewing, daily improving, and therefore might reasonably be expected to continue to improve. That it was in accordance with the history of this particular fracture, for gradual and steady improvement to go on, often for several years.

The jury, after a short absence, returned a verdict for defendant.

THE MEDICAL COUNCIL.

The session of the Medical Council, just held, is one fraught with a good deal of interest to the profession, for though nothing of a revolutionary nature was achieved, a great deal of practical work has been accomplished, as will be seen principally from the reports of the various Committees, that of the Board of Examiners, and those of the Registrar, Treasurer, and Matriculation Examiner.

The Central Board is now an accomplished fact, and the first examination has passed off to the satisfaction of every one, which, considering the present excited state of medical politics, augurs well for the future working of the Board. The harmonious working of all the details, so rare in an unexpected body, was in a great measure due to the untiring energy of the Registrar, Dr. Strange, to whom the thanks of the Board were very deservedly tendered, for his exertions on that occasion.

The examination occupied five days, and resulted in the passing of 10 gentlemen on their primary, and 43 upon their final examination.

"It was further explained," says our Report, "that out of 14 who underwent examination in the primary branches, 10 were successful; out of 21 who underwent the final examination, all were successful; out of 24 who underwent the double examination, primary and final, 22 were successful; making a total, passed and entitled to registration and the Diploma of the College, of 43."

We think we may safely say that the percentage rejected by the various colleges, at their examinations, has been quite as large, if not greater than this, for some years past, a fact which speaks well for these bodies, and forms the best answer to an attack made upon them by the ex-President,—an attack so ungenerous and unjust, that had it been uttered by any other member of the Council, would have provoked a sharper rejoinder than it did. But assaults of this description from our good-natured, though rather hot-headed friend, Dr. Clarke, are not unusual, and, acting as a safety valve, serve as an outlet for superabundant vitality, while our educational institutions continue to command the confidence of the profession.

We are glad to see that a committee has been appointed to procure certain amendments to the Act, for many details require alteration, to facilitate its harmonious workings. We are also informed by the Registrar, that many of the penal clauses are in a very imperfect state. The teachers, too, are rather hardly used, as by the present Bill only one from each school can be chosen as examiner. Liberty to increase the number, in equal proportion, of course, should be given the Council, and no favoritism could result, as long as the present system of examination by numbers is continued, while teachers undoubtedly make better examiners—*ceteris paribus*—than others.

In connection with this Committee, the annual attempt to overthrow the Bill was made, by moving a resolution to the effect that no amendments would be satisfactory which did not provide for the separation of the Eclectics and Homœopathics from the regular profession. This was lost, the Eclectics and Homœopathics, as well as a large majority of the Alloëpathics voting against it. Whatever the *pros* and *cons* of the matter may be, there seems no doubt that at present a large majority of the profession are in favor of giving it a fair trial.

We give below the programme for next year's examination, and also the list of examiners and their subjects, which was crowded out of our last

issue. It will be seen that the Eclectic and Homœopathic examiners have been appointed to general subjects as well as those guaranteed them by the act, and will, in consequence, have a share in the examination of Alloëpathic students. We must ourselves confess, that however much we may feel prejudiced against the arrangement—and it is no more agreeable to us than to Dr. Oldwright—that it is, after all, demanded by strict justice, as long as the union of the *pathics* continues. Some such consideration as this must have influenced the vote on the subject, as the regular profession gave a majority of one in its favor. The chief thing to be secured, is that the examiners upon every subject should be, by education and experience, fully qualified for the discharge of so important a duty. This being the case, his opinion upon disputed points of therapeutics will be a matter of less importance.

In pecuniary matters the expenditure seems to have been, in some items, rather lavish, and it is to be feared that even the additional fee for registration, which did not pass without a protest, will barely suffice to save the council from bankruptcy. We hope to see a thorough system of retrenchment inaugurated, so that high fees will cease to be a necessity. For, though no advocates for cheap education, we are convinced that neither professional skill nor courtesy are the necessary, or even usual, concomitants of a full purse.

Space forbids our entering at present into many other subjects of interest discussed at this meeting, but we may on the whole congratulate the profession upon the results obtained, and the Council upon the decidedly more parliamentary manner in which its business was conducted and its discussions carried on.

PROGRAMME OF EXAMINATION, 1871.

Tuesday, 4th April.

- From 9 to 11 a. m.—Chemistry, Theoretical.
- “ 11½ “ 12½ p. m. “ Practical.
- “ 3 “ 5 “ “ Medical Diagnosis and General Pathology.

Wednesday, 5th April.

- From 9 to 11½ a. m.—Surgery, Operative and Surgical Pathology.
- “ 3 “ 4½ p. m.—Midwifery, Operative.

Thursday, 6th April.

- From 9 to 11 a. m.—Toxicology and Medical Jurisprudence.
- “ 2 “ 4½ p. m.—Physiology.
- “ 5 “ 6 “ “ Sanitary Science.

Friday, 7th April.

From 9 to 11 a.m.—Materia Medica and Therapeutics.

“ 3 “ 3 p.m.—Midwifery other than Operative.

“ 3½ “ 4½ p.m.—Botany.

Saturday, 8th April.

From 9 to 11 a.m.—Theory and Practice of Medicine.

“ 11½ “ 12½ p.m.—Surgery other than Operative.

“ 3 “ 5 p.m.—Anatomy, descriptive.

“ 5½ “ 6½ p.m.—Anatomy, surgical.

The written examinations terminate on Saturday the 8th April, and the oral examinations take place on the Tuesday and Wednesday following.

On the day preceding the commencement of the oral examination the examiners shall meet and be constituted.

Examiners and subjects for 1871.

1. Dr. Sullivan.—Anatomy, Descriptive and Surgical.

2. Dr. H. H. Wright.—Theory and Practice of Medicine and Medical Pathology.

3. Dr. Sangster.—Chemistry Theoretical and Practical.

4. Dr. Covernton.—Physiology.

5. Dr. Hope.—Midwifery.

6. Dr. Tuck.—Materia Medica.

7. Dr. Sweetland.—Medical Diagnosis and Toxicology.

8. Dr. Lizaro.—Surgery.

9. Dr. Campbell.—Medical Jurisprudence.

10. Dr. Field.—Surgical Pathology.

11. Dr. Cornell.—Botany.

12. Dr. Carson.—Sanitary Science.

EMBRYOTOMY AND STRYCHNINE.

We have received a communication from Dr. Doig, in which he speaks of having performed embryotomy in a case of arm presentation, where the woman had been in active labor four days before he was called. The waters having escaped two days before, and the uterus being strongly contracted down on the child, he found it impossible to turn, and hence very properly resorted to the above operation, which he completed with the aid of such humble instruments as a clasp-knife, “sharpened at the point and blunted at the heel, with a piece of stout wire, bent at both ends, for a tractor;” and notwithstanding the length of time the woman had been in vigorous labor, she made a good recovery. He also mentions five cases of what appear to have been strychnine poisoning; four ending fatally, three, at least, in the same

family; but he offers no explanation as to the introduction of the supposed poison. We propose sending a Toronto Coroner out there, as they evidently have nothing of the kind in that section.

THE SYME TESTIMONIAL.

We have much pleasure in calling the attention of our readers to the fact, that a testimonial is about to be presented to Professor Syme, on his retirement from the chair of Clinical Surgery in the University of Edinburgh. The testimonial will take the following form:—1. A Fellowship for the promotion of Surgery in the University of Edinburgh, to be called the “Syme Surgical Fellowship;” and 2. A Marble Bust, to be placed in the University Library, or in the Hall of the New Royal Infirmary. The sum required for the proposed testimonial will be not less than £2,500 *stg.* The general committee for promoting the objects of the testimonial is composed of 350 gentlemen (former pupils of Mr. Syme, and others). Gentlemen in Ontario, wishing to add their names to the subscription list, will be furnished with circulars, by application to Dr. Norman Bethune, 24 Gerrard Street East, who is also authorized to receive subscriptions.

HOMŒOPATHIC DIAGNOSIS.

A few months ago a certain Homœopathic practitioner, near Allegan, in the State of Michigan, was sent for to attend a lady in her confinement. On his arrival at the house he found her sitting up, (labor having only commenced,) when he examined her pulse, looked at her tongue, and made sundry enquiries which caused the husband to say, “Doctor, I fear you don’t understand my wife’s case,” to which he indignantly replied, “indeed sir I know all about it, for I had a man in just the same state last week down in Martin.”

Correspondence.

FROM OUR NEW YORK CORRESPONDENT.

NEW YORK, May 3rd, 1870.

I begin my correspondence for the DOMINION MEDICAL JOURNAL by the details of a controversy in progress between two surgeons of this city, one of whom at least is known to fame. So far as the facts of the question in dispute have been made public they are these:—Dr. A. published in the January No. of the *N. Y. Medical Journal*, a paper entitled “Contributions to Practical Laryngoscopy.”

It contains the histories of some cases of Laryngeal disease, among them one (marked Case III) which required the operation of Laryngo-Tracheotomy. The patient had a suspicious tumor in the Larynx, which resisted the action of all topical applications, and threatened to asphyxiate him. Dr. B. took a lively interest in the case, and held some informal consultations with Dr. A., in which its nature and treatment appear to have been discussed. Dr. A. remarks in his modest report of the case,—“My friend, Dr. B., who had seen, at my request, the patient at a former consultation, consented to divide with me the responsibility, and to aid me with his experience and skill in performing the operation,” &c., &c. It would seem that Dr. B. took offence at this ordinary mention of his part in the proceedings, for he wrote a pamphlet in which he claimed for himself the whole credit of the operation, and accused Dr. A. of dishonesty in suppressing this fact. Dr. A. answers, in a pamphlet now before me, that it was not his intention to make it appear he had taken the chief part in the operation; that it was distinctly understood between him and his patient's friends on the one hand, and between him and Dr. B., on the other, that the latter should “do the cutting,” “so as to give me” (Dr. A.) “free scope for observing the course, position, extent and nature of the tumor, and to direct such a course as the progress of the operation might demand.”

Appended to Dr. A.'s pamphlet is a report of a case of poisoning by eating partridges. The case created some stir at the time, and was reported in the *N. Y. Sunday News* for March 1st, 1868. The account opens much in the style of the popular novel of twenty years ago, with, “The other evening, while the distinguished surgeon, Dr. B. was taking his dinner at his residence,” &c., &c., “a violent ring was heard at his door bell,” &c. His presence was immediately required at the Fifth Ave. hotel. Two gentlemen had been poisoned in some mysterious way. He went and divined the cause of the dangerous symptoms to be prussic acid. Having a genius for any emergency, he arrived at this conclusion by a rapid process of induction, taking its start from one of the curiosities in the natural history of the partridge. “He knew,” says the writer in the *News*, “that the winter had been unusually severe, and that where these birds abound, large quantities of snow had covered the ground and deprived them of their natural food, and unless they approach farms and feed from the stacks of grain, they resort to the laurel tree, and eat from it the laurel berries, which contain large quantities of

prussic acid.” This report pictures Dr. B. rushing melo-dramatically out of the hotel into the drug store, hurriedly procuring the proper antidote, returning breathless to the sick room, and, by its timely administration, snatching the two gentlemen from the jaws of death. Behold! says the *News*, what a wonder has been wrought “by the science of this not only distinguished physician and surgeon, but master of *Materia Medica*.” A communication appeared in the *N. Y. Citizen*, for March 14th, 1868, over the signature of Dr. B., in which he indulged the vulgar taste for sensations by a detailed description of the case. . . .

Now the strange part of this veracious history is, that Dr. A. states he had a similar summons on the same day, to the same gentlemen, at the same hotel; that it was he who diagnosed poisoning by prussic acid, treated them, and restored them to health; that it was his knowledge of natural history which shed light on the possible origin of the poison from the laurel-berry, and, more astonishing than all, that Dr. B. did not see them till after the trouble was all over. So say the patients themselves and the witnesses that stood by. . . .

There is just now a pilgrimage of *CEsculapians* to Washington. First in time and order, is the convention of teachers from the various medical schools of the Union, now assembled there to discuss the vexed question of preliminary qualification for students. The following proposition, being that of the Cincinnati convention, of 1867, was first taken up. It proposes that every student applying for matriculation in a medical college, shall give satisfactory proof that he possesses a knowledge of the common branches of an English education, and of the elements of the natural sciences, together with a sufficient knowledge of Latin and Greek to “understand the technical terms of the profession.”

On Prof. Moore, of St. Louis, moving to admit all after “common education,” a discussion arose, some affirming it to be “wrong” to exclude students from schools of medicine because they are not classical scholars, seeing that “in many instances our best physicians are without classical education.” Others, with Prof. Hammond, advocating the cause of the classical languages, on the ground that no one can be a scientific physician without a knowledge of them. Finally, the war of words was brought to a close by the adoption of the following preamble and resolutions, proposed by Prof. Logan:

As this Convention has failed to secure the assent of a majority of the regular medical colleges of the United States to the system of improvement in medical education recommended at the last session, and as it is the opinion of the Convention that the

best means of gradual improvement in medical education that can be inaugurated in the medical colleges of this country will be found in the associated action of such colleges as will unite for that purpose; resolved,

First—That a committee of nine be appointed, whose duty it shall be to communicate with the faculties of all the regular medical colleges in the United States, with the view to ascertain how many and which may be willing to become members of an association of medical colleges, having for its prime object the improvement of the medical education.

Second—That the chairman of said committee be instructed, as soon as he shall have received affirmative replies from the regular colleges, to inform such faculty so consenting of the fact, and to request that each faculty elect one or more delegates to convene on the Friday before the day appointed for the meeting of the American Medical Association in 1871, and at the place of meeting chosen by that body, said delegates to be fully authorized to pledge their respective faculties to whatever definite plans of improvement in medical education may be adopted by that body in convention.

Third—It is hereby recommended that said delegates organize themselves, in behalf of their respective institutions, into a permanent association of medical colleges for the above-mentioned object, and with the view of co-operating with the American Medical Association and the profession at large to accomplish so desirable an end.

Fourth—That Prof. N. S. Davis, the chairman of the committee appointed by this body at its last session to communicate with the medical colleges on the same subject, be made chairman of this committee, and that the committee be authorized to fill any vacancies which may occur in its ranks.

Really I am puzzled to know whether medical men are endowed with their proper share of the common sense distributed among mankind. It is enough to make one seriously question this to learn—as we do by this morning's despatches from Washington—of the childish conduct of the Committee on Credentials of the American Medical Association, in refusing to admit certain delegates because they had associated with colored physicians! No wonder much indignation is created. No wonder the friends of the profession feel a little ashamed. It is a bad beginning for the twenty-first annual meeting of the American Medical Association.

I subjoin a few of the names of subjects which will be discussed at the meeting: "The relative Advantages of Symes' and Pirigoff's mode of Amputating at the Ankle;" "The Cryptogamic Origin of Disease;" "A National Medical School;" "Commissioners to aid in Trials requiring Scientific Testimony;" "Medical Ethics." These are but a few of the subjects. All possess a living interest.

They will, doubtless, be well handled by the various committees to which they have been severally assigned.

J. J.

[Owing to pressing demands upon our space, we have been obliged to materially shorten our correspondent's letter.—Ed. D. M. J.]

OUR HAMILTON CORRESPONDENT.

To the Editors of the Dominion Medical Journal:

In my last letter I alluded to a dispute between some of the professional gentlemen of this city arising out of the permission given to certain Homoeopaths and Eclectics to vote at the annual election of physicians to the city hospital. * * *

It is one of the practical results of that extraordinary union of the different sections of the profession, forced upon us by the Legislature of Ontario. Repugnant as this situation may be to us, we are bound, as good citizens to accept it, and, yielding to the philosophy of the age, make the most of it. It has often happened in the history of the world that what men and nations at first regarded as an unmitigated calamity, has in the end proved to have been a great blessing. May it not be so with us! If the profession of twenty years hence is raised to that position in public esteem which its importance entitles it to, has nothing been gained? At present it is the individual who dignifies and elevates his profession. May we not see the day when the profession shall shed a lustre upon the individual! Assuredly if that time comes, we shall have occasion to rejoice and shall feel amply rewarded for the indignity, if we so regard it, of our present position.

The March meeting of the Hamilton Medical and Surgical Society was one of interest. The treatment of Acute Rheumatism being the subject of consideration. Dr. J. Mackelcan, read a short paper, detailing several cases. The Dr. recommends blood-letting, not as a curative measure, but because he has found it difficult to obtain the ordinary effects of remedies during the existence of arterial excitement. In such cases he advises one blood-letting to relieve the arterial tension, he then gives Vin. Sem. Colchici (never more than M. ℥v) combined with some alkali, every few hours until the acute symptoms subside, when he substitutes a mixture containing Iodide of Potassium. During the acute stage he used blisters in the neighborhood of affected joints to relieve the pain, and found them to succeed almost invariably. He believed the blisters also had the effect of preventing metastasis to the heart." He never used opium if it could be avoided. The result of this plan of treat-

ment he considered very satisfactory, as convalescence was seldom prolonged beyond a fortnight.

Dr. Isaac Ryall, never saw a case which he thought required blood-letting. As for blisters he had no experience of them, for in the only case in which he had ever prescribed their use, the patient did not see what advantage they could be, and sent accordingly for another physician. He gave colchicum with quinine in some cases.

Dr. Mackintosh approved of bleeding in some cases, where it was found that medicines won't act; but relies more on potass. acet. given freely (30 grains every two hours) and largely diluted with water. In some cases has seen marvellous relief from this treatment, but sometimes it disagrees with the stomach, when some other alkali has to be substituted. To get the beneficial effects of p. acet. it is important to keep up its administration every two hours, day and night. Where there is any gouty history he uses colchicum, and thinks it valuable, but not otherwise.

Dr. Geo. Mackelcan now relies upon the alkaline treatment, the use of blisters and keeping the patient between blankets.

Dr. Strange had seen very beneficial effects from acetate of potash in some cases, but in others had found it inert. He did not now think it possessed any superiority over p. bi-carb. His present practice was to combine with each dose of pot. bicarb. from one-half to two drops of Fleming's Tincture of Aconite, which controlled the activity of the circulation, and in a measure relieved pain. The Aconite should be given at first in small quantities, and increased as may be necessary. He used blisters as a matter of routine, and found them very beneficial in relieving pain, but did not regard them as curative. Had also used potassii iodidi, in bitter infusion, after the acute stage, but not with the uniform success of Dr. Mackelcan.

Dr. Macdonald thought we could not plume ourselves very much upon the treatment of rheumatism. He could not help thinking that there was something in the remark of Dr. Bennett at the British Medical Association a year or two ago, that "six weeks and blankets" was as good as any other method of treatment. One thing he had noticed, however, and that was that everything which has acquired even a temporary reputation of late years, seems to be rich in alkali, especially potass. Yet Dr. Gull thinks about the same proportion of cases do well under other modes of treatment. He (Dr. Macdonald) agreed, that blisters were remedial to some extent. In one case he used a single large blister with marked relief. He uses warm wrap-

pings to joints as a preventive, not as a remedial measure. Blood-letting he had not tried. With respect to heart diseases, he considered a patient pretty safe from such a complication after he was thirty years old. The danger, he thought, was in proportion to youth. The only one who died, in the cases reported by Dr. Mackelcan, he observed, was a child. He believed propylamin to be as good as anything else in the treatment of rheumatism, but the varieties of our treatment show that there is something wrong about our observations.

Dr. Mullin has favoured alkaline treatment, but thinks it very uncertain, at one time he thought with Dr. Mackintosh that the acetate of potash was almost a specific, but he had seen so many cases where it did no good that he had changed his mind. He doubted the efficacy of blisters, inclining to the belief that the pain disappears naturally with the subsidence of the local inflammation, and that this would be pretty sure to take place by the time a blister operated. So that we gave the blisters credit for what he thought would take place without them.

The President (Dr. Rosebrugh) accepted the theory that rheumatism was a blood disease, and that the inflammations in the structures of the joints and fibro-scarous tissues were local manifestations of the disease. He inclined to the opinion that the morbid material was lactic acid. In this view, he endeavoured to neutralize and eliminate it as fast as possible if not arrest its development. He had, therefore, made it a point to get the urine alkaline as soon as possible. His plan is to give magnes. sulph. with *vin. sem. colchici* during the early part of the day so as to act freely upon the bowels. This with the blisters as first recommended by Dr. Davies he had found to act speedily in rendering the urine alkaline. At night he gave a full dose of morphia to relieve pain and procure a good night's rest. In blistering, he used one strip above and the other below each affected joint. In his experience they afford permanent relief to every joint which has been well blistered.

Dr. Mackelcan, expressed the fear that such free use of alkaline treatment would lead to a too soluble condition of the blood, and thus really retard recovery.

After some routine business the society adjourned.

I have the sad duty of recording the death of a member of the profession belonging to this city—Dr. David Keagey. Though he was a young man—and only a year amongst us—he had gained the esteem of every member of the profession, with whom he came in contact, and was looked upon as

a man of promise. Dr. Keagey was enjoying his ordinary health up to within about six weeks of his death. He complained at first of a slight bronchial affection and then a slight pain in the side. He did not ask any one to examine his chest, nor did he betray any anxiety about himself. This lasted for about a fortnight, when he was called out in the night to see a patient in the country. It was a very cold, stormy night, and he appears to have taken a fresh cold, for he did not feel able to return to the city, but drove on to the residence of his brother near by, he remained quite ill, without being seen by any Physician, for nearly a week, when violent Hæmoptysis set in, and occurred at short intervals, in spite of every means to check it, and he sank rapidly, expiring on the fifth of the present month, lamented by all who knew him.

The Medical Society met as usual this month, but adjourned immediately as a mark of respect to their late member, Dr. Keagey.

Yours, etc,
FORCES.

Hamilton, April 16th, 1870.

DR. RICHARDSON'S LETTER.

To the Editors of the Dominion Medical Journal.

GENTLEMEN,—In your number for March you refer to the proposed change in the attendance of the Medical Officers of the Toronto General Hospital, in the following terms :

“We are glad to learn that the Trustees of the Toronto General Hospital are just now trying to effect some change in the system of attendance at that institution, whereby its clinical advantages can be more fully utilized than at present.” “In our simplicity we supposed that those who accepted hospital appointments (especially if connected with medical schools) would be willing, in view of the honor of the position, to make some sacrifice of personal ease and convenience, in order that the advantages of the institution, as a school of observation and discipline, might be developed to the utmost degree, but forsooth, we are told, (we hope incorrectly) that all these objects are subordinate to the convenience of the medical officers.” “All honor to the trustees who have the moral courage to approach the matter.” “We hope they will carry out their patriotic design, without fear, favor, or affection.”

The facts are these. The trustees addressed a circular to the medical officers, requesting their opinion as to the advisability of changing the mode of attendance, so as “to place the entire charge of the patients in the care of a certain small number

of 1, 2, 3, 4 or 6 medical men (according to the number of patients) in rotation, for a certain period of from 2 to 4 months, permitting the retiring medical men to retain one or two patients, whose cases may be of a peculiar or interesting nature, to deal with to the end.”

The staff accordingly took the proposition into consideration at a meeting called for the purpose, and adopted a reply condemnatory of the scheme, which reply was signed by Drs. Beaumont, Rolph, Hodder, and Bovell, of the consulting staff, and by Drs. Berryman, Rowell, Richardson, Thorburn, Geikie, Canniff, and Cassidy, of the ordinary staff in fact, by all the medical officers, with one exception, ten of the eleven being teachers in the two medical schools of this city, and therefore directly interested in making the Hospital as attractive and useful as possible to students. Most of these gentlemen have for many years “sacrificed” considerable “personal ease and convenience,” and have had long experience in hospital attendance and in teaching; and, besides, the four gentlemen who compose the consulting staff can have no personal convenience to serve in this matter, as the proposed change would not in any way affect their attendance.

It is, then, an unwarrantable and offensive assertion which you make, that these medical gentlemen “have made the higher objects of the institution subordinate to their personal convenience.”

Whatever may be the merits or demerits of the plan, common courtesy would have accorded by the medical officers, in their consideration of it, so much credit for intelligence and desire for the advancement of the schools, the students, and the hospital, as well as for as much patriotism and selflessness as the editors of THE DOMINION MEDICAL JOURNAL, or others, can claim for themselves.

You endeavor to convey the impression that antagonism exists between the Trustees and the medical officers; that the former are attempting to carry out a change for the benefit of the Hospital, but are thwarted by the selfishness of the latter. To this I give an emphatic denial. A perfectly good understanding exists between these gentlemen. The medical staff were requested by the Board of Trustees to express their opinion upon a certain plan, “in order that the Trustees may be enabled to arrive at a definite understanding on the matter,” and with one exception the whole staff expressed a strong opinion, and gave strong reasons, against the proposed scheme.

Under these circumstances, I have no doubt but that the “moral courage” which you so generously

by attribute to the Trustees will enable them to decide upon the matter without the "fear, favor, of affection" of even the editors of THE DOMINION MEDICAL JOURNAL.

I am yours, &c., JAMES RICHARDSON.

[We are exceedingly sorry to find our remarks on hospital management thus construed, as we took a great deal of pains when writing, to avoid everything that might give personal offence, and if we did not succeed, we suppose it must have been, as our Montreal *confère* would say, owing to our "youth and inexperience;" but we think the Doctor is more sensitive than the case would warrant, and we know that our only object was, to get some system inaugurated, by which the clinical material which the Toronto General Hospital *now possesses* might be more fully utilized. We do not think that object would be promoted by personalities, and we do not intend, *willingly* to indulge in anything of the kind, but we certainly think the following resolution, passed by the Hospital Staff, will bear the construction we gave it.

"Resolved,—That we are of opinion that the plan proposed, of transferring the patients from one medical officer to another, would be objectionable to both of these gentlemen, and injurious to the welfare of the patients, and would tend to remove all responsibility as to their treatment; that the daily duty which would necessarily result, would be so prolonged and constant, as to *interfere seriously with the private practice* of the medical officers, and could not be discharged faithfully without entailing upon them *great loss and inconvenience* and.

That, therefore, we do not approve of the changes proposed by the trustees of the Hospital, as to the attendance of the Hospital Staff."—ED. DOM. MED. JOUR.]

To the Editors of the Dominion Medical Journal, Toronto.

GENTLEMEN:—I wish to correct an error which appeared in the last number of your journal: the communication signed "a subscriber," was not written by any medical man of this place, the article was written by me, and I beg to enclose my card. I wish at the same time to apologize for an error which occurred in signing said article, which should have been signed a *Reader*, instead of "a subscriber." The error was caused by the young man who made a copy of the communication, hoping you will accept this apology for the error.

I remain, yours truly,

A READER.

April 7th, 1870.

Reviews and Notices of Books.

MODERN THERAPEUTICS, BY NAPHEYS. S. W. BUTLER, M.D. Philadelphia.

We felt some disappointment on taking up the little book with the above captivating title, to find that it was nothing more than a collection of formulae and "specific therapeutical directions," compiled from recent periodicals, monographs, and systematic treatises. As such, it displays a good deal of industry on the part of the author, and will probably save much time for the older and more busy practitioners when they wish, in a hurry, to refer to the therapeutics of a disease.

To men of mature judgment, it will prove useful, as it gives, in connection with each disease treated of, the prescriptions of a large number of medical writers, with, in some instances, a short account of the principles which should guide in the treatment; but to young men just from the schools, a work giving so many different prescriptions in connection with each disease, it will not afford much help in those puzzling cases which never occurred to anybody before. What the beginner wants is not only the treatment advised by the best men, but a decided expression of opinion, on the part of the author, in favor of some one of them; hence we would rather put into their hands a good standard author, who gives something of the pathology of disease; as, in this way, we foster the habit of thought and reflection, instead of a blind routine which we generally see in the man who practices medicine according to the old prescription book of his father.

On the whole, however, we like the book as a curiosity, showing how these doctors differ, and it really contains many useful hints and formulae, but we fear it is likely to prove more embarrassing than assuring to our young men who most need an instructor.

The chapter on enlarged tonsil is deserving of more especial notice. In it Dr. Ruppner advises the use of the London paste, instead of the knife, and reports one hundred and twenty-three cases treated thus; the minimum number of applications of the paste, in any case, was six; the maximum, fourteen. He says this new escharotic supersedes the knife for the removal of enlarged tonsils.

A PRACTICAL GUIDE TO THE STUDY OF THE DISEASES OF THE EYE: THEIR MEDICAL AND SURGICAL TREATMENT. By HENRY-W. WILLIAMS, A.M., M.D. Boston: Fields, Osgood & Co. 1869.

A number of good books, great and small, bearing upon the subject of ophthalmology in its modern

aspect, have recently issued from the press. The present volume, so far as it goes, offers no exception in general excellence to the most of them. It has what to some must appear a fault: to wit, its *conciseness* (414 pages, 8vo.); but to the bulk of busy practitioners, this, together with its comparative freedom from technicalities, constitutes a main recommendation. There are few points connected with the subject that are not (though necessarily very briefly) touched upon; in fact, it only professes to be an outline for the guidance of those whose opportunities for the study of this branch may not have been so extensive as they could have wished, and who must therefore trust in great measure upon handy volumes, such as this, to render their future practice, if not safe, at any rate not altogether mischievous. The work is illustrated by several well executed plates and diagrams, in explanation of the principles and employment of the ophthalmoscope, and contains, besides, a series of Test-Types, from I to C C, on the plan of Snellen.

BOSTON CITY HOSPITAL.

Wiring of the Lower Jaw for Fracture.

A vertical fracture of the lower jaw between the two middle incisors was produced by the kick of a horse. During the four days following the injury, while the patient was in the hospital, numerous attempts were made to retain the fragments in apposition by means of wire carried around the teeth, by a gutta percha splint moulded beneath the chin, and the same within the mouth over the teeth, but they were all unsuccessful, as the fragment on the left side could not be kept up on a line with the other. On the fifth day an operation for wiring was done by Dr. Cheever. The lower lip was drawn down, and without any cutting of the soft parts the jaw was drilled with the revolving chisel just below and a little to the outside of the alveolus of the lateral incisor on each side. Through the two holes thus made two pieces of stout copper wire, silver-plated, were passed, and twisted on both the anterior and posterior surfaces of the jaw, as the wire was not sufficiently flexible to allow it to be introduced at one hole, turned on the inner side of the jaw, and then withdrawn through the other. The fragments were thus brought into firm apposition.

Following the operation, the fragment on the left side was found to sink a little, but the deformity was more apparent than real, as the teeth were naturally irregular; the line of the gums was good. After the first ten days there was but trifling salivation.

Though the plating entirely disappeared within the first week, the presence of the copper wire was borne with very little inconvenience, and with no toxicological effects, for thirty-three days, when it was removed. The fracture was then firmly united.—*Med. and Surg. Journal.*

Miscellaneous, &c.

Amateur and Regular Physicians.

A writer in *Britannia* pays the following well merited tribute: "For gentleness, courage, endurance, perseverance, true benevolence, commendable to a regular physician. I know no profession so crowded with brave, noble natures as the medical profession. They are the repositories, and in nearly all cases, the faithful repositories, of terribly delicate secrets. They have greater power than any priest can have, to blast the happiness of many men and women. Bound by no sacred vow, like the priest, their own consciences, their own high sense of honor—aye, if you will have it so, their self-interest—keeps them faithful to their trust. No class in the world have more opportunities of doing good, and avail themselves of those opportunities more assiduously than doctors. In the hour of fear, of despair, how we fly to them! In the pangs of sickness, in the agony of death, how we doubt, how we cling to them! In the hour of health, of joy, of hope, of confidence, how we slight them, how we abuse them!—*Med. and Surg. Reporter.*

Mercury, Podophylline, and Taraxacum.

The supposed Cholagogue action of.—The exhaustive and carefully conducted experiments of the Edinburgh Committee of the British Medical Association conclusively show, that neither mercury, podophylline, nor taraxacum have any cholagogue action whatever. Mercury given to dogs has no effect on the biliary secretion so long as neither purgation nor impairment of health are produced, but where the health suffers, the amount of bile secreted diminishes considerably. Podophylline was found to diminish the secretion of bile, whether purgation was produced or not. Taraxacum had no effect whatever when given in doses of the extract varying from 60 to 240 grains.—*Braithwaite, January, 1870.*

Books Received.

- The Cell Doctrine, by Dr. Tyson. Lindsay and Blakiston. Philadelphia.
 Diseases of Children. By Meigs & Pepper. Lindsay and Blakiston. Philadelphia.
 Archives of Ophthalmology and Otology. W. Wood & Co. New York.