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Selected Articles.

STONE IN BLADDER—MEDIO-BILATERAL LITHOTOMY.

Edward W—, eight years of age, a resident of this county (Davidson), was received in the hospital, for the relief of vesical calculus. He had had symptoms of urinary trouble for three or four years; in the last twelve months his sufferings had become so severe as to demand relief.

His father placed him in charge of Professor Briggs three months since. He at once detected the stone, and placed him on treatment preparatory to the operation of lithotomy. When he entered the hospital, he was suffering intensely from the calculus. He had frequent and uncontrollable disposition to pass urine, severe pain after micturition, great straining, so that his bowels were evacuated and prolapsed at every effort at urinating. His proauce had become greatly elongated, and was tender and chapped from the continued irritation, and his fingers were wrinkled like a washwoman's, from handling and pulling at the penis. His general health was very good.

He was ordered to take five grains of Dover's powder at bed-time, to use the warm hip-bath two or three times a-day, and to drink freely of hop tea. Under this treatment his severe suffering was much mitigated, and he could retain his urine an hour or two at a time.

In about two weeks after admission, he was thought to be in a proper condition for the operation. His bowels having been thoroughly evacuated the evening previous, the patient was placed on the table in the usual position, chloroform administered, the grooved staff introduced, and made to touch the stone, an incision was made in the *raphe* an inch and a-half above the anus, to within a few lines of its margin, a finger having been introduced into the rectum to guard against its injury, the point of the knife was carried into the groove of the staff, and the membranous portion of the urethra opened. The beak of the lithotome *cache* was introduced, and its blades opened to the extent of two or three lines, and withdrawn. The finger was then passed through the incision, dilating the opening, after which the forceps were passed, the calculus grasped, and easily removed.

The stone proved to be of the mulberry variety, of a light brownish color, rough, and about the size of a partridge egg.

There was no hemorrhage, nor other unpleasant symptoms, for several days. He then had fever, with nausea, and occasional vomiting, which subsided in a few days, to be followed by a diarrhœa. This was promptly checked, but the convalescence was slow, the urine did not resume its natural passage for three weeks, and he continued feeble and without appetite for some time. He is at the present time, however, perfectly well.—*Nashville Med. Journal.*

DOUBLE HARE-LIP—INTERMAXILLARY PORTION FIXED TO END OF NOSE.

This little patient, a girl three years of age, was brought from Greenville, East Tennessee. Otherwise beautiful, she was rendered hideous by the deformity. In the first place, it was observed that the intermaxillary bone supporting three teeth stood directly forward, continuous with the septum nasi, that upon this projecting portion of bone was the central portion of the upper lip, continuous with the columna nasi, then it was seen that the alæ nasi, with the halves of the upper lip, were widely separated, and the nose flattened.

The operation for the relief of this revolting disfigurement was performed as follows: The central tongue of the lip was dissected from the intermaxillary bone, leaving it connected with the skin of the nose; then the intermaxillary projection was excised with the bone forceps, on a level with the septum nasi. The halves of the lip were freely separated by the knife from the jaw, as far back as the last molar teeth. Their edges were then removed by curvilinear incisions—()—the edges of the central portion were pared, while its lower extremity was bevelled off, so that it might fit in well between the two lateral halves when approximated. Three pins were inserted, one just above the vermilion border of the lip, the second through the middle part of the lip, and the third just below the nose, transfixing the two lateral halves and the central tongue. The parts were accurately adjusted by the twisted suture; no plasters were used.

On the fifth day, the pins were removed; the threads, matted and adherent to the parts beneath, were left several days longer. When they were washed off, it was seen that perfect adhesion had taken place.

The improvement achieved was so great, that a person who had seen the child before the operation could scarcely recognize her as the same.—*Ibid.*

DIET, IN DIARRHŒA, OF YOUNG CHILDREN.

Dr. Eustace Smith, in a paper upon the Treatment of Chronic Diarrhœa of Young Children, gives the following advice concerning diet, which we consider all-important in its management.

In all cases, if the patient be a sucking child, he should be limited strictly to the breast, or if he have been only lately weaned, the breast should be returned to. If from any reason a return to the breast is impossible, our great trust should be placed in cow's milk, more or less copiously diluted with lime-water. With children under a year old, milk is very seldom found to disagree. If the child be no more than six months

old, nothing should be allowed but milk, or some preparation of milk, as milk and lime-water (equal parts), whey with cream, or milk and water thickened with isinglass,* or with Liebig's food for infants, in the proportion of one teaspoonful to four ounces of fluid. By using these different preparations, a certain variety can be introduced into the diet and the meals should be so regulated that the quantity taken on each occasion, and the length of the interval by which the meals are separated, may be properly proportioned to one another and to the state of the patient. The Liebig food should be given not oftener than twice in the day; and if it excite flatulence, or if any sour smell be noticed from the breath or evacuations, the quantity of one teaspoonful should be diminished, or the food should be even discontinued altogether.

Beyond the age of six months a little weak beef or veal tea, or the yolk of one egg, unboiled, may be added to the diet. The egg is best digested when beaten up with a few drops of brandy and a tablespoonful of cinnamon water, as in ordinary egg-dip. As with younger infants, the quantity of food to be given at one time must depend upon the strength of the child and the condition of his stools.

If the child be over twelve months old, very small quantities of farinaceous food may sometimes be ventured upon, and will often agree. The best form in which this can be given is well-baked wheaten flour, of which one teaspoonful is all that should be allowed at one time, prepared carefully with milk.

So long as milk is well borne, the arrangement of the diet is comparatively an easy task; but in the not uncommon class of cases where milk is difficult of digestion, and can only be taken in very small quantities, a different dietary must be adopted. These cases usually occur in children of eighteen months or two years old. A good scale of diet for a child of a year and a-half old, in whom this peculiarity is noticed, is the following, consisting of five small meals in the twenty-four hours:

* Isinglass is useful for its mechanical action in separating the particles of casein, so as to prevent the formation in the stomach of a large dense indigestible clot. By this means the casein is finely divided, and its clots resemble more the flocculent coagula of breast-milk.

1st Meal.—One teaspoonful of Liebig's food for infants (Mellin's) dissolved in four ounces of milk and barley-water (equal parts).

2nd Meal.—Six ounces of beef-teen, of the strength of a pound of fillet of beef to the pint.

3rd Meal.—Six ounces of fresh whey containing a tablespoonful of cream.

4th Meal.—The unboiled yolk of one egg, plain, or beaten up with a tablespoonful of cinnamon water, a little white sugar, and fifteen drops of brandy.

5th Meal.—Same as the first.—*Practitioner Reprint, Nashville Med. Journal.*

NOTES FROM PRACTICE.

BY A. D. STRVENS, A.M., M.D., DUNHAM, QUEBEC, CANADA.

Mrs. E., aged 40 years, married, was never pregnant. came under my care in the spring of 1865, suffering from great depression of spirits and other mental disturbances, which I attributed to an inflamed neck of the uterus, though she evinced none of the most common local symptoms of disease in that quarter. I treated her in the usual way, for about three months, when she considered herself very much better and treatment was discontinued. In the winter of 1869, she returned and complained of well marked local symptoms of uterine disease; upon examination, the lips of the cervix were found greatly elongated, so much so that it required a good deal of spreading of the trivalve speculum to get a satisfactory view of them. She likewise showed me a tumor upon the nape of the neck, about the size of a large English walnut, and another on the inner aspect of the elbow about three times as large. She was given ten grs. of bromide of potassium with compound tincture of gentian, three times a-day, for about a month, at the expiration of that time the gentian was changed for tincture of ginger, but the bromide was continued in the same doses for another month or six weeks, when she left me. During the time just indicated the tumor upon the neck inflamed, ulcerated, and disappeared, leaving nothing but the cicatrix; while the one situated on the

arm during the same time, diminished in size about one-half. A month or two ago she came back again, when I could not, upon examination, detect any change in the elongated lips, neither had there been any change in the tumor of the arm since she left off treatment (about a year since); her general health had, however, greatly improved, and I have no doubt had she continued the bromide for a few weeks or months longer, the tumor of the arm would have materially diminished in size, and possibly disappeared altogether, but in regard to the excessive growth of the lips of the neck of the womb, I apprehend less encouraging results would have been effected.—*Chicago Med. Times.*

DELIRIUM TREMENS TREATED BY HYDRATE OF CHLORAL.

BY HENRY T. CHAPMAN, ESQ., LONDON.

[The patient in this case was 60 years of age. On three previous occasions sleep had been procured by morphia, but in the attack which forms the subject of the following article, this had signally failed.]

At 12 o'clock on Tuesday night, about five hours after the last ineffectual dose of morphia, having obtained a supply of the hydrate of chloral from Messrs. Squire, of Oxford street, I gave him gr. xxx in sweetened water, which was fortunately retained by the stomach. In less than five minutes he was asleep, and slept heavily for nearly an hour, the muttering and convulsive movements ceasing entirely after half an hour. On waking, he was quite composed and rational, drank some brandy and water, took gr. xx more of the hydrate, and again fell into a lethargic sleep, which lasted till 8 on Wednesday morning. From that time his health and strength have steadily improved, and he is now (September 27, 1860) far advanced towards convalescence.

Few, I think, will be inclined to dispute that, but for the narcotism so rapidly supervening on the administration of the chloral, my patient was fast sinking into a comatose condition, which must have ended in death.

The same good results might very possibly have attended the subcutaneous injection of chloroform or chloral; but I can conceive that it would often prove a difficult matter to carry it into effect in delirium tremens. In the preceding case it would have been simply impossible.

Dr. Richardson's conclusion is, I doubt not, perfectly correct, that the hydrate of chloral will not "practically supersede opium and similar narcotising agents now in medical use." But may it not supply us with a valuable substitute for opium when that has failed, or where other conditions are present which militate against its employment?—*Medical Times and Gazette.*

ON THE TREATMENT OF LACERATION OF THE PERINEUM IMMEDIATELY AFTER DELIVERY.

BY JOHN BRUNTON, M.A., M.D., SURGEON TO THE ROYAL MATERNITY
CHARITY, LONDON.

If the laceration be up to the sphincter ani, but not through it, all the treatment that is necessary is to tie the mother's knees together, and pay strict attention to the cleanliness of the injured parts. Dr. Brunton adopts the plan of expelling all clots from the uterus and tight-bandaging the patient, putting a compress over the uterus for the purpose of keeping up its contraction, and thereby reducing the lochial discharge to a minimum, and having the vagina daily washed with a solution of Condy's disinfecting fluid. It is obviously necessary in so doing to use a syringe with a small tube, else the parts would be disturbed. It is also advisable to avoid purgative medicines for a week or so, and to give a light but nutritious diet, such a diet as will produce as little feces as possible.

Dr. Brunton narrates three cases of laceration through the perineum, treated, immediately after delivery, by passing three silver sutures with a curved needle deeply through the torn sphincter. No chloroform was given, and it is stated that the mothers did not complain at all of the passage of the needle. The after treatment consisted in daily syringes of the vagina with a

tepid solution of Condy's fluid, constipation of the bowels by means of opium pills, and rest in bed. In the first case the sutures were removed on the seventh day, and on the tenth an enema was administered.

Dr. Branton remarks:—

1st. That the result of his operations is very satisfactory.

2nd. That the operation is very easy.

3rd. That it is comparatively free from danger, and is nearly painless, requiring no chloroform, because the parts which have been torn are in an anæsthetic state, being benumbed by the pressure they have recently undergone.—*Glasgow Med. Journal.*

A NEW METHOD OF PREVENTING LEAD POISONING.

A communication on this subject has recently been read to the Paris Academy of Medicine, from the director of one of the principal glass manufactories in France. In the establishment minium is prepared in large quantity, and, in spite of every precaution, the workmen infallibly succumbed to lead poisoning in a longer or shorter period. Two workmen only, who had been in the habit of drinking a quantity of milk every day, escaped the disease. This fact attracted the attention of the director, who put all the workmen in the place on similar diet. From that time, February, 1868, not a single case of colic has been observed.

ON ARTIFICIAL FECUNDATION.

This plan suggested by Dr. Girault may answer for special cases, but will scarcely be adopted as a general substitute for the old way:

“Dr. Girault, of Paris, lately read an essay before the Medical Society of the Pantheon, entitled ‘A Study on Artificial Generation in the Human Race,’ an abstract of which we translate from the *Wiener Medical Presse*, May 1. He recalled the experiment of Spallanzani, Holler, and others, and then spoke

of his own attempts, which in a number of instances had proved successful, while in others they had failed. As far back as 1839 he had been consulted by a married couple, the wife 25 and the husband 27 years of age, who, although in apparent good health, had been united five years and were still childless. Dr. Girault used a glass syringe, and injected some of the spermatic fluid of the husband into the uterus. After repeating this on three separate occasions, she became pregnant, and was delivered of a healthy boy. The child died of croup when four years old, which his mother regarded as a punishment upon her for the method in which he was conceived, and refused to submit to another artificial conception.

"In 1840, a musician called on Dr. Girault, on account of childlessness, resulting from a hypospadias. His wife was 24 years of age and healthy. Dr. G. threw some of the spermatic secretion into the uterus on the 27th of August, and on the 30th of the following March she was delivered of a healthy girl.

"A man, 65 years old, married to a wife of 27 years, had passed seven years without offspring. The pair applied to Dr. Girault, who, after four failures, succeeded so completely on the fifth attempt, that in nine months afterward the lady was delivered of twins, one boy and one girl. The latter died after three months, but the former survived and was healthy when last heard of, at the age of nine years.

"Dr. Girault reports in all 27 attempts at artificial procreation in the human female, of which ten were successful, and others doubtless would have been, if the couples had been more persevering in their efforts, and allowed him to continue his endeavors.

"The only instrument necessary is a uterine catheter, with a funnel-shaped opening at the external end. Into this the sperm is placed, after the point has been introduced into the cervical canal, and blown into the cavity of the uterus. Proper care must be taken that the instrument is of the temperature of the body, and it is important to convince oneself that the semen contains active spermatozoa, with long and rapidly vibrating tails, as the latter is the sign of their fecundating power."—*Lancet and Observer.*

REMOVAL OF THE UTERUS AND ITS APPENDAGES.

At the meeting of the Imperial Academy of Medicine, in Paris, recently, M. Pean presented a woman on whom he had successfully performed a very formidable operation. The patient had a large multilocular ovarian cyst, for the removal of which M. Pean proceeded to perform ovariectomy, and, after having removed the greater part of the cyst piecemeal, he found that it was impossible to remove the part which was adherent on the pelvis and to the uterus. The adhesions broken through in the course of the operation were very vascular, and there was much hemorrhage, which was arrested by the actual cautery. M. Pean found, further, that there was a very large fibroid tumor of the ovary on the other side, and the uterus was hypertrophied and soft. He therefore removed the uterus by passing into the vagina, from the abdomen, a double thread, one ligature of which was made to embrace the ovarian cyst, and the other (on the right side) the uterus with the corresponding portion of the vagina, and the ovary and Fallopian tube of that side. The ligatures having been tied, M. Pean cut off all above them. The wound in the vagina united completely; and the parts to which the ligatures were applied escaped by sloughing through the abdominal walls. When the woman was shown to the Academy, the abdominal wound had healed, and she was quite well. In making the communication, M. Pean stated that he now had performed ovariectomy in ten cases, seven of which had been successful. Two of the fatal cases occurred in aged subjects.—*British Med. Journal.*

THINGS NOT GENERALLY KNOWN.

The *Pharmaceutical Journal* publishes a remarkable instance of unforeseen danger arising from the facility with which oxide of silver is reduced by contact with vegetable extracts in common use. A medical man prescribed twenty-four pills, each containing two grains of the oxide of silver, a twenty-fourth of a grain of muriate of morphia, and a sufficiency of extract of gentian; the pills being coated with silver in the usual manner. The pills were delivered to the patient in an ordinary pill box

but the lady, being in her nursery, and having no pockets in her dress, placed the box in her bosom, probably next the skin. In three-quarters of an hour an explosion was heard, her underclothes were reduced to tinder, and her right breast was seriously hurt. The patient fortunately had presence of mind enough to seize the part with both hands, and thus extinguish the flame. We learn from Mr Hills that a similar occurrence has been known in compounding the extract of colocynth with the oxide of silver, and that with creasote or the oil of cloves this salt is reduced to the metallic state, with the production of heat amounting often to an explosion. In fact, many of the essential oils reduce the oxide of silver, and one of the processes for silvering glass is founded on the fact, oil of cloves being usually employed in the operation. We may mention that when glycerine and permanganate of potash come in contact, heat is evolved, sometimes resulting in flame. An instance has occurred in which a wound was covered with the glycerine of starch, and then sprinkled with powdered permanganate of potash, when the heat produced became unbearable.—*Lancet*.

IMPROVED FORMULA FOR CHALK MIXTURE.

Chalk mixture, the *mistura creta* of the Pharmacopœia, is one of the remedies most frequently employed in the summer complaints of children. Yet, as commonly prepared, its use is attended with both inconvenience and danger. The mixture ferments with the greatest ease in warm weather, and the supernatant liquid becomes sour or mouldy. The mixture also ferments frequently in the stomach after administration. This is entirely obviated by substituting glycerine for sugar, according to the following formula:

Take of prepared chalk and glycerine, each, half an ounce; gum arabic in powder, two drachms; cinnamon water and water, each, four fluid ounces. Rub them together until they are thoroughly mixed.

This mixture will readily keep during a whole summer. I recently had occasion to administer some of the mixture prepared as above, which had stood for three or four months during the hottest weather, and found it in perfect condition.

The diarrhœa of children in hot weather is generally accompanied, if not caused, by fermentation. Sugar is therefore contra-indicated. But glycerine seems to exert a positive soothing action upon the bowels, as well as, in some degree, to arrest fermentation.

The substitution of glycerine for sugar, in the proportion of two parts of the former to one of the latter, ought to be made in all sirups, elixirs, mixtures, which are subject to fermentation. The *mstura cretæ* may be taken as an illustration.

Glycerine may be used with great advantage to replace sugar in the food of children or adults, where there is enteric irritation or inflammation. Under these conditions of great local heat and excitement, sugar almost always ferments and acidifies. Pure glycerine, on the other hand, does not ferment, is bland, and at the same time a concentrated nourishment. In a recent case of severe gastric irritation or enteritis of an infant only three months old, fed by hand, the writer gave from four to six drachms of glycerine daily for a fortnight in place of sugar, with rice water or porridge. Here the glycerine constituted a considerable portion of the nourishment taken. The result was entirely favorable, where it would probably have been fatal, if a fresh amount of acid from fermented sugar had been periodically introduced into the bowels.

W. F. C.

—*Boston Jour. of Chem.*

EXTRACTION OF CATARACT BY GRAEFE'S MODIFIED LINEAR PLAN.

BY A. N. ELLIS, M.D.

M. R., aged 30, has been afflicted with cataract in the left eye, for about two years. She could only perceive light, when the pupil was dilated with a strong solution of atropine.

December 20, 1869.—Applied for relief. Gave her tonics to prepare her system for the operation.

January 4, 1870.—Assisted by Dr. G. L. Moad, I operated by Graefe's modified Linear Extraction. The section was made about one-third of a line above the cornea, and was about four

and one-half lines in extent. A large iridectomy was next made, and the capsulo freely lacerated.

The lens was readily removed by the manipulations of the curette. This was placed upon the lower edge of the cornea, and pressed slightly backward and upward, so as to cause the edge of the lens to present itself in the section. The pressure was then made directly backward, and the lens was rotated around its transverse axis, and tilted well forward into the incision, when it came away, almost entire, leaving the capsule, which caused some swelling and opacification for some time after the operation. No vitreous escaped. Slight hemorrhage followed the completion of the section.

The cataract was of that class known as the nuclear or hard senile cataract. Liebreich's bandage was applied, and at the end of the first 24 hours, a few drops of a solution of sulph. of atropia (grs. iv. ad aquæ oz. i.) were instilled into the eye. Very little pain was felt for 48 hours after the operation, when some iritis supervened, doubtless caused by pressure of the capsule against the iris, which had already been wounded or contused by the instruments during the operation. The lids became swollen, and there were present considerable photophobia and lachrymation. Used the atropine solution freely, and applied warm dressings until the fifth day, when the patient was free from all pain.

June 1.—Much of the capsule has been absorbed. The eye is, and has been, entirely free from all pain for a long time. The patient reads No. 4 of Jaeger's test types, with the aid of a cataract glass.

From the great success attending Graefe's new method, it is now ranked among the great improvements of modern surgery. In each of a half a dozen cases I have met with gratifying success. In only one, was there a loss of a small quantity of vitreous, and in two, hemorrhage into the anterior chamber took place, which, however, was readily absorbed.

While some specialists say that the incision should not be less than five lines in extent, in my opinion, it should be left to the judgment of the operator. The exact line and size of the incision should vary with the size and hardness of the nucleus and the size of the cornea.

All other things being equal, the greater the incision, the

greater the risk of loss of the vitreous. This is an accident to be deplored, and against the occurrence of which we should take every precaution. The escape of this fluid is apt to push the cataract away from the incision, necessitating the introduction of the scoop with its dangers, fragments of the lens and capsule are shoved aside and left behind the iris, thus protracting the healing process and increasing the danger of subsequent inflammation.—*Lancet and Observer.*

MALARIA.

The evidence seems to be accumulating on every hand, that some epidemic diseases and the leading epidemics are due to germinal matter, operating upon the system either by proliferation in the circulatory fluid, or clinging to the mucous surfaces, disturbing innervation and nutrition, these resulting in the varied manifestations in the structure and circulation of the blood, producing catarrhal and serous discharges, as in hay fever, Asiatic cholera, dysentery, &c.

It is proper and due to Dr. J. H. Salisbury, of our own State, to say that his publications have created a new interest on this subject, especially the demonstration, if we may accept fully all his statements, that autumnal fevers are due to the development of minute fungi in the districts where they prevail. These minute organizations, so abundantly developed in the system, may explain the peculiar post mortem appearances in the bodies of those who die of malarial disease.—*Med. and Surg. Reporter.*

WATERING THE STREETS WITH SALINE SOLUTIONS, INSTEAD OF WITH WATER ONLY.—Ch. Mène.—The author states that, of the two deliquescent salts which have been applied for this purpose—viz, the chlorides of magnesium and calcium—the last-named suits best, the quantity being adjusted at 250 grm. per square metro. It appears from this paper that, in 1860 and 1863, the Place Bellacour, at Lyons, was (experimentally, and during great heat) watered with a mixture of chloride of calcium and commercial hydrochloric acid, properly diluted in water, the effect being highly appreciated by the inhabitants also on account of the perceptible purification of the air.—*American Chemist.*

ON QUININE IN INFANTILE DISEASES.

Professor C. Bing, of Bonn., calls attention, in the *American Journal of Obstetrics* for May, 1870, to the value of this drug in some diseases of children. His remarks:

Of the acute exanthema of infants, I would mention one particularly as being within the sphere of the influence of quinia, namely, *erysipelas neonatorum*.

This disease, as is well known, belongs to a class which almost invariably terminates fatally. As a general rule, an internal dyscrasia or an external putrid ulceration of the navel is assumed as its cause. A German naturalist of renown related the following case to me last year at an accidental meeting, which I am obliged to recount from memory, not having made any memoranda of it at the time. For the accuracy of the main points I am responsible.

A male infant of his own was attacked by violent erysipelas soon after birth. The physician who was called in by him, a well-known German gynecologist, prescribed the usual remedies, but pronounced the case a hopeless one. The father, who is versed in medicine, now began to treat the child upon his own responsibility, and having a very high opinion of the curative powers of quina against collapse, from which the child also suffered to a great degree, he administered the sulphate in comparatively large doses. The erysipelas improved in a remarkable manner, all danger soon vanished, and the boy recovered completely. Subsequently, coxitis developed itself and ran its usual course.

In the small clinic which I have established here, I have treated for the past two years all the cases of pertussis, without any exception, with quinine. The best proof of its good effect is seen in the fact that those in charge of the little patients repeatedly call again for the "bitter medicine," whenever they have succeeded, either by coaxing or force, in administering it to them. There was a most striking difference to be seen in those it was impossible by any means to induce to swallow the solution of quinia. In these cases the whooping-cough assumed its regular obstinate course; in the others, although living in all other respects under perfectly similar circumstances, the paroxysms were always reduced in frequency and severity.

But, according to my experience, three conditions are absolutely necessary if we desire any good results from quinine in whooping-cough: *It should be given in solution; the dose should not be too small, and should not be administered in a vehicle that will prevent it from coming in contact with the mucous membrane in its passage through the pharynx.* The reasons for these rules are so obvious that there is no occasion for me to dwell further on them. The neglecting of one or all of them is perhaps the reason why other observers, Henoeh, for instance, have heretofore seen no positive results from quinine.—*Compendium of Med. Science.*

SULPHATE OF IRON IN SUPPURATION.

A child burned all over the body was recently brought to the Children's Hospital of Lausanne. The suppuration from his wounds was so abundant, that the ward in which he was lodged became absolutely uninhabitable. M. Joel then placed him in a bath containing two handfuls of sulphate of iron. The cessation of pain was almost immediate, after repeating the bath twice a-day, for fifteen or twenty minutes at a time, the suppuration moderated, the fetid odor disappeared, and the little sufferer recovered rapidly.—*Boston Journal of Chemistry.*

VICARIOUS MENSTRUATION.

Dr. Nyo reported to the Gynæcological Society an interesting case of vicarious menstruation simulating pulmonary disease. (*Jour. of the Gyn. Soc., Feb., 1870.*)

The patient was married in 1849, and had one child. In 1857 she took cold and amenorrhœa followed. There had been no appearance of the menses since. Every four or six weeks she has had, and still has, attacks of dyspnoea, and pain in the left lung, with cough and bloody expectoration. Considerable soreness continues during the interval. She is subject to attacks of aphonia and hysteria. One attack of aphonia continued for sixteen months.

She is now in pretty good health and strength, and does the work of a large family. The system has apparently become

familiar with the new order of things, and the general health is gradually improving.

Dr. Storer remarked upon the variations of the organ selected by nature in different cases of uterine disease for the vicarious transference of discharge, the fact being that it is generally some part already enfeebled by disease. Thus where hemorrhoids are present, it is no uncommon thing to have a periodic rectal flux, which is often mistaken for chronic dysentery. The same is true of epistaxis, hemoptysis, hematemesis, and hematuria. He had seen vicarious catamenia from scrofulous and specific abscesses and ulcerations, and had no doubt that in this discharge was to be found an explanation of the otherwise unaccountable bloody sweat observed at times in hysterical females by many writers. One of the obscure cases that had presented itself to him in practice, was that of a lady who had for many years a bloody discharge every month from the pulp of one of her thumbs, the part being apparently sound in the interim. Upon probing the thumb, at a monthly period, Dr. Storer found dead bone, and upon cutting down, removed the last phalanx, necrosed by paronychia long previously, the result being a perfect cure.—*Compendium of Med. Science.*

CHLORAL.

Dr. Richardson recently opened his course of lectures on Experimental and practical medicine. The subject was chloral; and many new experimental facts were illustrated; among others, the great decrease of animal temperature caused by this substance, and the production of prolonged anæsthesia by inhalation from an ethereal solution. The following is a summary of the lecturer's views given in the *British Medical Journal*:

1. Deep and prolonged narcotism can be safely produced by the hydrate of chloral.
2. During a portion of the period of narcotism there may be complete anæsthesia with absence of reflex actions; a condition, in short, in which every kind of operation fails to call forth consciousness.
3. During the narcotism there are intervals of apparent exalted sensibility.
4. In the transition from drowsiness to stupor there is no stage of muscular excitement; but in birds there is vomiting, as is common in the

same animal in the second stage of narcotism from chloroform. During the narcotism produced by the substance, there is invariably reduction of temperature. 6. The hydrate produces muscular relaxation, which relaxation extends to the muscles of volition, and also to the iris and muscular arterial system. From the condition of the muscles after death, we may conclude that this paralysis is in part due to the change within the muscular structure itself. 7. The action of the substance on the nervous system is primarily on the sympathetic ganglia, afterwards on the cerebrum, and finally on the heart. 8. Recovery is followed by no bad results. 9. In fatal cases the functions are destroyed in the following order: *a.* the cerebral, *b.* the voluntary muscular, *c.* the respiratory, *d.* the heart. 10. The substance prevents in some small degree, the coagulability of the blood, and in large quantities stops the process of coagulation altogether. In large quantities, it also destroys the blood-corpuscles, and produces general destruction of blood. But to produce deep insensibility, the dose administered need not be so large as to produce serious derangement of blood. 11. The phenomena observed correspond with those observed under chloroform. 12. Therapeutically, the agent is to be accepted as the rival of opium. It promises to be useful in cases where there are increment of animal heat, muscular spasm and pain. It will be worthy of extensive trial, in tetanus especially. The dose of hydrate of chloral for a child is seven grains, for an adult, the dose may be extended to one hundred or even one hundred and twenty grains.—*Medical and Surgical Reporter.*

THE THERMOMETER IN DISEASE.—Dr. J. G. Thomas (*Gulveston Medical Journal*) has used the thermomotor with great satisfaction in his investigations of disease, and has found, with every acute disease in which he has made observations, that where the temperature remains the same in the morning that it was in the evening, the indication is that the patient is or will be worse. In pneumonia, when there is a marked fall in the temperature, we may be sure the disease has reached a crisis, and improvement will begin. This rule holds good with a majority of diseases, but with regard to pneumonia it has been seen hours before improvement could have been guessed at by other means. By the thermometer, a diagnosis of this disease has been made long before the crepitant rale makes its appearance.

EFFECTUAL PLUGGING IN EPISTAXIS.

It is generally expected, when the anterior and posterior nares are plugged, that a clot forms on the floor of the nose which compresses the oozing vessels. M. Fano, of Paris, endeavors to compress with more certainty in the following manner. Instead of tying a pledget of cotton or lint to the free end of the thread which has been made to enter at the nose and emerge from the mouth, M. Fano ties a series of little pledgets along that string, in the same fashion as papers are tied to the tail of a kite. The string, being now pulled from the nasal end, is made, by a little management on the velum, to pass behind the latter with its four or five pledgets, until the latter are fairly lodged in the nose, the last pledget of course occluding the aperture of the posterior naris. The front may be plugged as usual. The whole is left for four days, and the success, in cases cited by M. Fano, has been remarkable.—*Lancet*.

PYÆMIA.—The most recent theory has been promulgated by M. Alph Guerin, at the Academy of Medicine of Paris. Hitherto pyæmia had been considered as the result of an absorption of decomposing secretions, or of phlebitis. M. Guerin disputes this mode of development, and proposes a theory founded upon analogy and chemical observation. He thinks pyæmia is a kind of typhus, a surgical typhus, excited by miasmatic emanations. Ague, says the author, is engendered by marsh miasmata, purulent infection by animal miasmata. M. Guerin, it will be seen, is inclined to shake the fetters of mechanical theories, which hitherto have reigned supreme as regards pyæmia.—*Lancet*.

ON FORCED FLEXION OF THE LIMBS IN TRAUMATIC HÆMORRHAGE.—Dr. Adelmann, of Dorpat (quoted by 'L'Imparziale,' strongly advocates this practice, which he considers has, unfortunately, fallen into oblivion. He quoted numerous authorities in support, such as Nelaton, Anslaux, Formey, Malgaigne, Klotz, Hyrt, Vidal de Cassis, and cites a case of his own where forced flexion of the hand on the forearm and the latter on the arm arrested hæmorrhage from a wound in the ulnar artery. Dr. Adelmann thinks that such flexion should be had recourse to before other hæmostatic means are employed—that this practice should be made known among the people at large, so that it might be used before the arrival of the surgeon, and that soldiers in the field should be made acquainted with it.—*Lancet*.

Editorial.

DIDACTIC vs. CLINICAL LECTURES AND ORAL EXAMINATIONS.

It is to be feared that at the present time there is far too much didactic teaching, to the neglect of clinical instruction at the bedside, and oral examinations of the students, *quizzing* or *grinding* as it is called. The council of the College of Physicians and Surgeons of Ontario, insist upon the delivery of 100 didactic lectures during each course of six months. Now it will be observed that each lecturer must of necessity lecture every day in the week, Saturday excepted, which is always a holiday, in order to complete the course of lectures demanded by the council. We have no hesitation in saying that this is a great mistake, and that if the council would rather insist upon fewer didactic and more clinical lectures and "grinds," they would be making a step in the right direction. We are rather inclined to the opinion held by some very eminent men that, no matter how or in what way a student obtains his information provided he is found capable, provided he has the theory and principles of medicine well instilled into his mind, and enough practical knowledge to make him a safe and reliable practitioner, he should be permitted to practice. There is no system of instruction equal to the regular *viva voce* examination or "grind." It is universally acknowledged by the most practical men and teachers of the present day to be the most successful mode of giving instruction. It promotes a habit of thought, reasoning and reflection, and teaches the pupils to rely more upon their own resources, to fall back more upon general principles, which after all in every day practice, is the sheet anchor in many a difficult and perplexing case.

It has been truly said that "you cannot learn a man anything, but you may teach him how to learn," he must learn for himself. This is true in medicine as in everything else. The great aim of the teacher should be to instruct the pupil how to learn, give him an opportunity to learn it, and then examine him, to see if he has learned it. Is not this the system of instruction laid down by our best masters and practically applied in our best model schools? It is scarcely necessary to refer to

the very great advantages to students of bedside clinical instruction. They should be taught how to examine and where to examine a patient; how to direct their questions to the patient systematically, so as to elicit sufficient information to form a correct diagnosis. How often do we see medical men go through the form of examining a patient, and ask a few disconnected questions, and then jump at a haphazard, hit-or-miss diagnosis, and pertinaciously stick to it right or wrong. We hope soon to see clinical teaching more fully recognized, and *prima voce* examination of the students more frequently resorted to as a means of testing their knowledge of the subjects taught and lectured upon. The question or questions missed by the student during a 'grind' or 'quizz,' are scarcely ever forgotten by him, and questions well answered are generally well remembered. It is also an excellent plan to follow each question by a corresponding why? The student applies cold to an inflamed part, why? He applies warm applications, why? He gives a certain remedy internally, why? What object has he in view. This system of instruction needs no further elucidation to commend itself to the teachers in our various medical schools, the profession, and the medical students in general. In conclusion we would say that that school which most fully recognizes these principles of teaching will occupy the foremost rank among our educational institutions, and will be eagerly sought after by the working medical student.

INCREASE OF CIRCULATION.

With the issue of the first No. of the CANADA LANCET, the number of subscribers has largely increased, and every day brings us fresh accessions, for which we feel very grateful. We are bound to succeed in our efforts to build up a good journal in Canada, and neither means nor labor will be spared to place the CANADA LANCET in the first rank as a medical journal. All that is wanted to make it an entire success, professionally and financially, is the hearty co-operation and support of the medical profession, in whose interest it is projected chiefly. Our prospects are good, and we desire to thank our many kind friends and subscribers for their liberal support.

The present No and every subsequent issue will be published on the first of every month, *punctually*.

**MEDICAL ALUMNI ASSOCIATION—VICTORIA
UNIVERSITY.**

The next meeting of this Association will be held in the Collego Buildings, Yorkville, on the 5th of October, at 9 a.m. Papers will be read on the following subjects. Delirium Tremens, Cystic Diseases of the Kidneys, Chloral Hydrate, Stricture of the Oesophagus, Sympathetic Ophthalmia. The annual supper will take place at the Queen's Hotel, on Tuesday evening, October 4th, at 8 o'clock p.m. Graduates, not yet members, will be kind enough to communicate with the Secretary, and, upon complying with the requirements, will be enrolled as members. The annual fee is one dollar. As the meeting takes place during Exhibition week, return tickets may be obtained without difficulty at half fare.

For further information, apply to Dr Rosolbrugh, corner of Church and Queen streets, or to the Secretary, Dr. Mullin. See advertisement.

The opening lecture of the Medical Department of Victoria Collego will be delivered by Professor Berryman, on Wednesday, the 5th of October, at 8 o'clock p.m.

UNIVERSITY OF TORONTO.

MATRICULATION EXAMINATION.

The Matriculation Examination of University of Toronto commenced on the 15th September. Sixty-four candidates presented themselves for examination, namely .

| | |
|--|----|
| In the Faculty of Arts—For Junior Matriculation... | 49 |
| Senior do..... | 6 |
| Department of Agriculture..... | 2 |
| Faculty of Medicine | 7 |
| | 64 |

Alexis St. Martin, who has been so servicable to science from having a fistulous opening in his stomach, through which the operations of digestion may be seen, is still alive and well at Cavendish, Vermont.

UNIVERSITY VICTORIA COLLEGE.

The matriculation examination in medicine of the University of Victoria College, will be held on the first Tuesday and Wednesday in October. The subjects of examination will be the same as those required by the Council of the College of Physicians and Surgeons of Ontario. The examination will be conducted by Prof. C. V. Berryman, A.M., M.D.

DALHOUSIE COLLEGE AND UNIVERSITY OF
HALIFAX, N. S.

We have just received the annual announcement of the Faculty of Medicine of Dalhousie College and University of Halifax. The regular course of Lectures will commence on the first of November, and continue six months. This is their fourth session which they inaugurate with a full staff of Professors, so that every facility will be afforded Students wishing to avail themselves of a good sound medical education. The want of a good Medical School in the Maritime Provinces has been felt for some time, and we are pleased to notice the effort made to supply it in the constitution of the present Medical Faculty.

HONORS.

It is not long since we announced the election of Dr Marsden as an honorary member of the Gynæcological Society of Boston, U. S. We have now the pleasure of informing our readers that the same gentleman was admitted a "Corresponding Fellow" of the Edinburgh Obstetrical Society, at its last meeting on the 13th ultimo, on motion of Dr. C. Bell, the President of the Society.

There are 1179 registered medical men in Ontario: of these 93 are Eclectics and 55 Homœopaths. But it is generally supposed that there are yet upwards of 500 not registered, which would make a sum total of about 1679.

Subscribers in arrears for vol. 2 of *Dominion Medical Journal* will please forward their subscriptions to Dr. Brock, Guolph, Ont.

CLINICAL INSTRUCTION.

We are happy to state that regular Clinical Lectures will be delivered during the current session at the Toronto General Hospital. Two Lecturers from each of the Toronto Schools have been appointed to that duty, and the Lectures are open to Students of both Schools. This is certainly a step in the right direction, and we think the Trustees of the Toronto Hospital have shown a taste and judgment, in the arrangements they have made for the benefit of the Students in attendance.

RAW MEAT IN DIARRHŒA AND DYSPEPSIA.

This method of treatment is becoming more generally adopted by physicians, for the cure of the above diseases. The meat used may be the lean of either beef or mutton—the most tender part. It should be cut very fine, and then pounded until it is a complete jelly, and any stringy fibres removed. It may be administered by itself, or dusted over with white sugar, or diffused in beef tea, or mixed with cold meat jelly, salt and pepper being added to season it. It is especially useful in cases where other food passes undigested. In Cholera Infantum, it is not only a remedy for the Diarrhœa, but also a means of sustaining life until the disease passes off. It is taken with avidity, and is retained on the stomach when almost every other food is rejected. It seems to be very rapidly and easily digested, and therefore well adapted to sustain the life of the patient under this most trying disease. It is worthy of a more extended trial.

ANÆSTHETICS—THEIR RELATIVE SAFETY.

Prof. E. Andrews gives in the *Chicago Medical Examiner* the following estimate of the relative danger from different anæsthetics, in 209,893 cases:—

| | | | |
|-------------------------------|-------------|--------|------------------|
| Sul. Ether..... | 1 death to | 23,204 | administrations. |
| Chloroform | 1 | “ | 2,723 |
| Mixed Chloroform and Ether | 1 | “ | 5,588 |
| Bichlorido of Methylene | 1 | “ | 7,000 |
| Nitrous Oxide..... | No death in | 75,000 | “ |

Hospital Report.

CASE OF SCIRRHIOUS CANCER OF THE MAMMA.

OPERATED ON BY DR. AIRKINS.

The patient was about 50 years of age, rather thin and sallow in appearance. The whole of the right mamma was involved in the disease, and it had also extended into the glands of the axilla. The operation was performed in the presence of a number of students of the Summer private classes here. The integument covering the mamma being involved in most part, had to be removed with the tumor. The diseased gland was freely movable, and no difficulty was experienced in dissecting it off. After its removal, an incision was made from the exterior superior part of the wound into the axillary space, and the diseased glands in that region carefully removed one by one, until not a vestige of diseased structure was left.

There was very little hemorrhage, the patient made an excellent recovery, and her health has been very much improved since the operation—*Cor.*

PLEASANT ITEM FOR SMOKERS.

A correspondent in New York writes us of a young man who has been for three years the victim of constitutional Syphilis, of an aggravated character. His lips and tongue are covered with mucous patches, a most offensive odor emanates from his whole body, especially from his breath, and a caries seems about attacking the bones of the nose, &c.

He is a cigar-maker by trade, and he has daily been making cigars since he was first attacked. No cigar is made without moistening the leaf with saliva, as every one knows who has ever seen a cigar made. Is it not more than probable that many who have smoked cigars of his make, and others similarly situated, have imbibed syphilitic poison, and then wondered how they got the disease?—*Boston Med. and Surg. Reporter.*

The new Anæsthesia, Hydrate of Chloral, has been tried in some cases of Typhoid fever, to quiet the delirium and procure sleep, and has been found very useful.

It is pleasing to record that the mortality has been exceedingly small.

Original Communications.

(To the Editor of the Canada Lance.)

REPORT OF A CASE OF PERICÆCITIS

BY JOHN MAHAFFY, M.R.C.S., ENG., NOBLETON, O.

On the 21st of August, I was called to see a patient laboring under severe pain in the stomach and bowels. I learned on enquiry that he had been eating plums, and I considered that the cause of his trouble. Having got a thorough action of the bowels, I gave him an opiate, and he seemed quite relieved. Seeing his father the next day, I enquired how the patient was. The father replied that he was very much better, but felt quite sore. Two days afterwards I was sent for, and on my arrival I found him sinking, pulseless, extremities cold, and suffering excruciating pain in the right iliac region. I administered stimulants, used external applications over the seat of pain, and also gave him an injection. I diagnosed deep-seated inflammation in the cæcal region, but could not account for it at the time. He could bear considerable pressure over the painful part, without evincing much distress. He died that night, and as I was anxious to learn the cause of death, I asked for and obtained permission to make a *post mortem* examination. On opening the abdomen, I found a considerable quantity of dark fluid, and on examining the cæcum, I found it very much inflamed and the vermiform process in a state of mortification, with the extremity quite gone. On laying it open, I found a cherry-stone firmly impacted in the tube, a little above the opening. It was quite soft externally, and was readily cut with the knife, while the kernel was quite firm and hard. The mother now told me that the boy had complained often for some time past of pain in that region, but it was thought nothing of. This was the first case of the kind I had met with, and clearly shows the benefit of *post mortem* examinations, in order to assist us in our diagnosis of difficult and perplexing cases.

THE LATE MEETING OF THE CANADA MEDICAL ASSOCIATION.

The Canadian Medical Association assembled in Gowan's Hall, Ottawa, on Wednesday, the 14th September, at 10:30 a.m., the Hon. Dr. Tupper, C.B., presiding; the Vice-President for Ontario, Dr. Canniff, occupied a seat on the platform, and Dr. David, of Montreal, the efficient Secretary, was also in his place, and, to the utmost satisfaction of every one, succeeded in discharging the duties appertaining to his office.

On motion of Dr Marsden, of Quebec, the Committee on Credentials was appointed, when, on motion of Dr. Chamberlin, of Frelighsburgh, Dr Storer, of Boston, Dr. Garrish, of New York, and Dr. Sullivan, of Malden, Mass (delegates from the American Medical Association), were invited to take seats on the platform. Dr. Brouse, President of the Ontario Medical Council, was also invited by the President to a seat by his side.

The meeting being called to order, the Secretary read the minutes of the last year's meeting, and immediately thereafter reported a considerable list of delegates from various parts of the Provinces. This preliminary business having been concluded, the next in order was the Annual Address of the President. It will be impossible to give even a synopsis of the address, which was as usual eloquent and spirited, well worthy the perusal of every medical man in the country, and to be found *in extenso* in the *Ottawa Times* of the 15th. I may say, for the information of those not more fully posted on the matter, that he gave a rapid retrospect of the doings of the Association, with the circumstances which called it into existence, viz., the desire to knit together, more closely, the bonds of medical brotherhood, the elevation of the profession, and, chiefly, the promotion of medical sciences. This address had a marked influence on the Association, and was listened to most attentively. The *Nominating* Committee was then appointed, and an adjournment took place.

AFTERNOON SESSION.

The chair was taken at about 2 o'clock. The Committees on Education and Publication reported, after which the President called for papers, when Dr. Sheriff presented and read one on *Veratrum Viride*, offering some valuable suggestions as to its use, particularly in inflammatory diseases, infantile cough, and in a certain stage of

typhoid fever. An animated discussion followed, in which a large number of members participated. Dr. Hingston then read an elaborate paper on *Acute Synovitis* from a traumatic cause. This paper was very ably written, and one on which, evidently, a vast amount of labor had been expended, and was apparently intended to give the writer's own particular treatment of these affections, viz., the early evacuation of the superabundant synovia with a trocar, before it had time to change to pus, refusing to sanction the operation after it had become certain, in the case of the knee-joint, that pus was formed. Blisters were discountenanced, except in the chronic stage, and perfect rest, in every case, strictly enjoined. The essayist divided his subject into three stages. 1st. The dry stage. 2nd. Stage of effusion. 3rd. Chronic stage, when pus is usually formed. Some parts of the treatment having, evidently, been considered by certain members rather *heroic*, it may easily be imagined that a lively discussion followed, engaged in by a large number of the most eminent surgeons present. Though I must say, in justice to the writer, that though his remarks were most closely watched and criticized, and though called upon to answer some rather far-fetched and abstruse questions, relating to theory as well as practice, his reputation suffered none by the ordeal through which he was called to pass, indeed, before the matter was concluded, I had come to the decision that this paper on synovitis, with the discussion thereon, was well worth the trouble and expense, occasioned by a trip to the Capital, even if nothing else on any other subject were provided.

The above having been concluded, Dr. Garrish addressed the Association on some uses of the Calabar Bean, as the production of contraction of the pupil of the eye, treatment of amenorrhœa, by something perfectly new to me, which sounded like *Tesa T'esin*, and may, for anything I know, be quite mythical. Dr. Garrish also described minutely his treatment of pregnant women (by the extract of belladonna), on whom it became necessary to produce premature labor.

The Committee on Ethics was then appointed, after which Dr. Howard proceeded to read the new Medical Bill. At the conclusion, an interesting discussion took place on the general features of the Bill, and some rather energetic speeches were listened to, partly on it and partly on the Ontario Medical Act, from which Dr. McGill considered pretty copious extracts had been taken. This discussion continued to nearly 6 o'clock, when, on motion of Dr. Hingston, seconded by Dr.

Bethune. the Association adjourned until 9 30 a.m. the next day, the President deciding that the Bill required some hours for thorough digestion.

SECOND DAY'S PROCEEDINGS.—SEPT. 15TH.

The Association assembled at 9 30 o'clock, the President, Dr. Tupper, in the chair. After the routine business and the election of members, &c had been concluded, Drs. Storer and Sullivan, respectively addressed the Association. The discussion of the Medical Bill was then resumed again on general principles, with some sharp criticisms on the law admitting to practice in the several Provinces of the Dominion till 12 o'clock when an adjournment took place until 2.30 o'clock p.m.

The Association assembled at the above hour, Dr. Tupper presiding. Dr. VanCortlandt addressed the Association on *Entozoa*. The Doctor pointed out the difference between cystic and cystoid entozoa and the unaccountable fact that one class of animals, by a process of alternation of generation, changes into the other, indisputable facts were adduced to show that sections of tape-worms were transposed from herbivorous animals to the abdominal cavity of carnivorous animals when perfect tape-worms were the result of the experiment more than this, the cystoid animal, whether in the pig, rat or mouse, when eaten by a dog or cat, invariably led to cystoids, tape-worm, in one form or another, being the invariable result. Specimens of Gordin's aquaticus, from the cricket, of hookless tape worms, two specimens, each eight inches long, from the body of a scarlet-bellied minnow only two inches long, cysticercus cellulosa, from the liver of a pig the probable cause of trichinous disease, a rare and most beautiful specimen of linguatula, taken from the larynx of a colt, in which case it produced death of the animal, was also exhibited, and a most minute and apparently undescribed variety of acarus, from a patient 80 years of age, and which for 40 years had baffled all remedial measures, general and mechanical, were shown to the interest of the Association. At the conclusion of the paper a vote of thanks was passed to the Doctor, for his able explanation in relation to this new and important subject. Similar votes, I should have said, were passed to the other essayists at the conclusion of their respective papers.

The discussion of the Medical Bill was next proceeded with, introduced by Dr Howard, in a very cleverly conceived speech, explaining its general provisions, with the benefits likely to arise from

its adoption by the Dominion. His remarks, of course from a Quebec view, were, to Quebecers, plausible. The preamble having been adopted, and the first clause presented, Dr. W. W. Ogden, of Toronto, rose and moved the following resolution, which was seconded by Dr. Botsford, of New Brunswick,—“That the further consideration of the Bill be postponed for 12 months, and that, in the meantime, a Committee be appointed to re-consider its provisions, at an early day, and transmit a copy to every registered practitioner in the Dominion, whose name and address are known, requesting his suggestions thereon. The Committee to be prepared to report at the next meeting of the Association.”

After a long discussion on this motion, which seemed to be viewed favorably by a large number, especially from Ontario and the Maritime Provinces, it was agreed to consider the more prominent clauses *first*, and *finally* to refer the Bill, with the suggestions of the Association, to the Committee, in accordance with the spirit of this resolution. And now commenced the slaughter of this *peculiar* Bill.

Clause I.—Carried.

Clause II.—Specifying the name and its composition, viz., of all licensed practitioners in the Dominion.—Carried.

Clause III.—Appointing General Council.—Carried.

Clause IV.—As to the composition of the General Council—Amended—so as to read—composed of 30 members, instead of 24—10 from Ontario, 10 from Quebec, 5 from Nova Scotia, and 5 from New Brunswick. One member from each Medical School or University, exercising medical functions of either teaching or examination of Students, and conferring degrees—the remainder from the general profession.

Of course the proportion of representatives from Ontario, as compared with the several other Provinces, was not considered as anything like equable, either by members from Ontario or Quebec, at least not by all of them—as a resolution by Dr. E. H. Trenholme, of Montreal, clearly showed, nevertheless, the representation, as above, was allowed to stand, subject, I suppose, to the revision of the Committee.

The disposition of this Clause, rendered useless—the remaining Clauses, to Clause VII, proffering Branch Councils, which was at once opposed, chiefly by Drs. R. H. Russell, Trenholme, Parker, Oldright, and Ogden. On motion of Dr. Russell, of Quebec, this clause was abolished, thus rendering useless a good deal following that depended upon it.

The Association adjourned till 7.30 o'clock, resuming again at the appointed hour. Drs. Storer and Sullivan were elected members of the Association, and asked to take part in the discussion. After these gentlemen had made their speeches in reply, the consideration of the Bill was at once commenced.

Those only deemed by Dr. Howard as important, were considered for want of time.

The next Clause was XXV—having reference to examining Boards—recommending *three—one* for Ontario and Quebec respectively, and one for the two lower Provinces. An animated discussion followed, which resulted in the *abolition* of this clause and all subsequent clauses depending upon it, and a central examining Board for Dominion recommended instead. In reference to this XXVth Clause, I observed some rather sharp criticisms by the delegate from the Toronto School of Medicine. I may further remark, that viewing more closely *since* that Clause, and the XXVth with the three subsections following, those strictures were not altogether uncalled for or inappropriate; they will be worth a careful perusal, though of course they were not admitted. The XXIIInd Clause was admitted as quite fair. The XXIXth Clause, attempting to prevent without consent of the General Council, the multiplication of Schools, though well intended, was considered as tending to interfere with the "liberty of the subject." The following words were substituted, that "no such School shall *necessarily* be recognized by the Council. This will be a healthy restriction, as preventing or discouraging the establishment of small and inefficient Schools. The penal clauses were then generally discussed, and it was finally agreed to recommend that in cases where fines are inflicted, in default of payment, the defaulter should be subjected to 30 days imprisonment.

The Bill matter having been concluded, the Association proceeded to the election of officers, and to determine the next place of meeting, Quebec City, by a small majority, "accomplished its desires" in this respect, for September, 1871.

Hon Dr Parker, of Nova Scotia, was elected President; Dr Dickson, of Kingston, Vice-President for Ontario, Dr. Chamberlin, of Frelighsburgh, Vice-President for Quebec, Dr. Bayard, Vice-President for New Brunswick, and Dr. Black, Vice-President for Nova Scotia. General Secretary, Dr. David, of Montreal. General Treasurer, Dr Robillard, of Montreal. Secretary for Ontario, Dr. Henry, Ottawa; Secretary for Quebec, Dr. Blanchet, Quebec city

Secretary for New Brunswick, Dr. Stceves; Secretary for Nova Scotia, Dr. Reid.

The Committee, to whom was referred the Medical Bill as amended, is composed of Drs. H. H. Wright, Brouse, Canniff, McIntosh, Dewar and Dickson, for Ontario; Drs. Rottot, Hingston, R. H. Rupell, David and Howard, for Quebec; Drs. Bayard and Botsford, for New Brunswick, and Drs. Parker, Tupper and Reid, for Nova Scotia.

A few thoughts respecting the Association and the late meeting. It is impossible to estimate too highly the importance to the profession and to afflicted humanity, at least in this Dominion, of the Canada Medical Association, knit together as it is by a common medical brotherhood, with the chief desires for elevating the profession and alleviating the maladies of mankind; governed as it is by the voice and energy of the general profession throughout these Provinces, in a way which renders it incumbent upon every member thereof—if he be endowed with a true spirit of philanthropy and emphatic patriotism; it would appear, indeed, difficult to understand how it can fail to effect the object contemplated by its promoters. I would say to the profession, who hold the reins, would it not be well to have medical societies for every county, and see to it that at least a delegate be sent from each society to the meetings of the Association, wherever held? Give the delegate your views, and, if possible, go to the meetings yourselves also.

I wish to direct the attention of societies to the 4th section of the Medical Bill. I strongly hold that, as in matters political, Representation by Population seemed a sound principle. So in regard to the representation in the General Council. A Quebec friend of views broader than common apparently, suggested that universities and schools of a certain class (before mentioned), might have one representative each, and that the remainder in each Province be in proportion to medical population. This I dare say would meet the views of the chairman of the Select Committee, who is deserving of great credit, for the attention he has bestowed on the subject, as well as the views of the delegates from the lower Provinces; and if the principle be correct, we in Ontario ought not, I am sure, to hesitate to meet fairly those gentlemen who are desirous of consummating objects so beneficial to all the Provinces alike.

On motion of Dr. Craik, seconded by Dr. Ogden, the thanks of the Association were conveyed to the Hon. Dr. Tupper, for the efficiency

Similar votes having been given to the officers and to the chairman of the Bill committee, the Association adjourned.

I now bring these remarks to a close, by merely expressing the hope, that every member of the profession in the Dominion will consider it his duty to share in the efforts and responsibilities now about to be more earnestly assumed, and that the next meeting of the Canada Medical Association will be, like that in Ottawa, characterized by the utmost harmony and good feeling amongst the members who may be permitted to take part in its business.

NUNCIATOR.

OBITUARY.

JAMES COPELAND, M.D., F.R.S.

This well-known and greatly celebrated author died in London, July 12th, from an attack of hæmaturæ, with prostatic complications, and uræmia, at the age of 78. His great work, the *Encyclopædic Dictionary of Medical Science*, cost him 30 years' labor, and it is a monument of energy and self-reliance such as is rarely met with. Every line of it was written by his own hand. It is just 12 years since it was completed. He graduated in Medicine at the University of Edinburgh in 1815. He travelled on the continent about five years, and finally settled down to practice in London, after having passed the Royal College of Surgeons. He was for many years a lecturer in the Middlesex Hospital. He became a fellow of the Royal Society in 1833, and in 1825 he commenced the *Encyclopædia*, that great work which has rendered his name famous in the medical and literary world.

DEATH OF MRS. W. MORLEY PUNSHON.

The wife of the Rev. Wm. Morley Punshon, died on Friday, the 23rd ult., æt. 37 years. The cause of her death was *post partum* hemorrhage shortly after the delivery of a still born child. She was attended in her confinement by Dr. Aikins, and when

hemorrhage set in Drs. Canniff, Ogdon and Barriek were called in. Every effort was made to save her life, but from the outset she seemed to suffer a great amount of shock from the loss of a moderate quantity of blood.

This sad intelligence causes a feeling of deep sympathy for Mr. Punshon, in his bereavement, wherever his name is honored and his services to the church known and appreciated

VON GREFE.

PROFESSOR VON GREFE, who has long been in precarious health from phthisis, died in July. He had for some months been away from his practice; but the fact that he had survived several severe illnesses of a similar nature made his friends more hopeful than they would otherwise have been. In him the world loses its foremost ophthalmologist, one whose brilliant originality was equalled only by his steady industry. Not only was Græfe great in the practice of his profession, but as a teacher his influence was almost unbounded. Although comparatively young himself, he had taught almost all the present school of ophthalmic surgeons. His introduction of iridectomy was, without doubt, the greatest step in the operative surgery of the eye since the introduction of operations for the cure of cataract. Probably, there are now living some thousands in the possession of sight, who but for him would have been in darkness. It is one of those gains which is complete in itself, permanent, and beyond the reach of skepticism. It is priceless. Græfe was an untiring observer, and never allowed his pressing engagements to interfere with the record of his vast experience for the good of others. Although he had done a vast amount of other work, still, however, his discovery of iridectomy shines with such preeminent lustre that the inscription,

"HE CURED GLAUCOMA,"

would be by no means inappropriate. As a man, Græfe was everything that is admirable, and secured the love of all who knew him. He was open, generous, unostentatious, eager both to give and receive knowledge. His personal appearance was as remarkable as the qualities of his mind. His face so closely

resembled one of the extant portraits of our Saviour, that he was known amongst some of the less reverent of his countrymen by the cognomen of *Christus*, a fact which sufficiently implies its highly spiritual type of beauty. The *Warter Medizin, Wochenschrift*, in announcing Graefe's death says "German science loses in him one of her greatest celebrities, and suffering humanity one of its greatest benefactors. With Graefe, a combination of geniality, erudition, self-devotion, energy, and amiability, such as is rarely found in one man, has descended into the grave. His name will ever remain most prominently connected with the history of ophthalmic surgery." According to the same journal, he was only forty-one years of age at the time of his death.—*British Medical Journal*.

BOOKS AND PAMPHLETS RECEIVED THIS MONTH.

We have received from W. Wood & Co., New York, vols. 1, No. 2, Archives of Ophthalmology and Otology, which is replete with useful information on the subjects upon which it treats. It contains a number of most excellent plates, is printed in good type on good paper, and altogether very well got up. It is published simultaneously in English and German by Prof. Knapp of New York, and by Prof. Moos of Heidelberg. We heartily commend it to our readers.—Copp, Clark & Co., Toronto.

The Physical Exploration of the Rectum, by Wm. Badenham, A.M., M.D.

This is an admirable little work of 54 pages, illustrated by numerous drawings. In the first section he refers to the want of practical knowledge on the subject of rectal diseases, and attributes it to the neglect on the part of the practitioner to make a proper examination, and the disinclination of the patient to submit to it. In section II. he gives the anatomy of the rectum its situation, size, shape, capacity and relations to other parts. He denies the existence of valves in the rectum. Section III. treats of the physical exploration of the rectum; instrument used, position of the patient. The author deprecates the practice of rupturing the sphincter ani as a means of diagnosis, and asserts that the anus and canal may be sufficiently dilated without recourse to such unjustifiable means. Section IV. gives a brief

description of the instruments used in sounding the rectum, and their mode of application, to which is added an appendix on the ligation of hemorrhoidal tumors.

The book deals practically with a subject about which very little is said in our ordinary surgical works. The work is creditable to the author, and is well worthy a careful perusal. It may be ordered through Copp, Clark & Co.

We have also received from W. Wood & Co., through Copp, Clark & Co., "The Theory and Practice of Obstetrics," by Byford, and "Lay Sermons and Addresses and Services," by The Rev. Henry Huxley, LL.D., F.R.S., from Adam Stevenson & Co., Toronto, but as they came to hand just before going to press, we will review them in our next number.

Half yearly compend of Medical Science.

" " *Abstract of* " " "

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Dr. Chariton Bastian states, in a letter to the *Times*, that he has made experiments which he believes go far towards the settlement of the vexed question as to the possibility of a so-called "spontaneous generation" of living things. He says that he has come to the conclusion that organisms are to be met with in hermetically-sealed vessels from which all air has been removed, and after the contained fluids have been raised to a very high temperature. He will shortly submit to the Royal Society a full account of his experiments. The letter we are quoting is a criticism on Professor Tyndall's arguments for the germ theory of disease, which Dr. Bastian urges are only good on the assumption that the low organisms, usually associated with putrefactive stages, spring up *de novo* without parentage.—*London Medical Times and Gazette.*