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THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. XVII. TORONTO, FEB. 1ST, 1880. No. 6.

Original Communications.

FIBROID TUMORS OF THE UTERUS.— THEIR DIAGNOSIS AND TREATMENT.

BY F. CATTERMOLE, M.D., L.M.B., L.S.A.P., LONDON, O.

If the assertion of an eminent gynæcologist be correct, that twenty of every hundred women are subject to fibroid tumors of the uterus, or even should his estimate be overdrawn, it behooves the members of the healing art to search out a more prompt and radical method of treatment than has been hitherto generally adopted for the arrest and cure of this much too-common and lingering malady. It may be urged that our text-books are sufficiently profuse on the subject, and give a large amount of practical treatment, and they certainly do so, as far as regards the advanced stages of the disease, but render little or no information as to remedial measures adapted to its early stages, or just when it is most vulnerable and amenable to safe and efficient treatment.

It is at least humiliating to contemplate the number of cases that drag on year after year, in which tumors attain an enormous size, that by timely and active treatment, might be destroyed during their early growth. The existence of this abnormal growth in the uterine parenchyma, (sometimes excepting the subperitoneal cavity), very soon develops a troublesome train of symptoms, quite sufficiently demonstrative of its presence, more especially if the hyperplasia be sub-mucous or interstitial, and nearer to the mucous membrane than to the peritoneum. Hemorrhage, in some form, is its most prominent symptom, usually commencing with excessive menstruation, followed by metrorrhagia, inter-periodic hemorrhage, leucorrhœa, and occasionally displacement of the womb, with irritability of the bladder and rectum.

Very generally, some or the greater number of

these symptoms are developed long before the growth has attained large dimensions, and but too often do these symptoms become alone the sole objects of treatment, to the entire neglect of their *fons et origo, id est*, the still increasing overgrowth of unstriped muscular fibre, mixed up with connective tissue, which, notwithstanding its feeble vitality, manifests its existence by most unmistakable signs. For the relief of this condition, palliatives, as a matter of necessity, are first employed, *via oris*, and in the form of injections, with the general effect of lessening the amount of the discharges, and perhaps staying them, for a time, but without additional and more potent local measures, they will recur again and again, to the disappointment and disgust of both doctor and patient. The former, I think, will hesitate no longer as to the necessity of a thorough examination, per speculum, sound, and double palpation, in order to obtain a perfect diagnosis, being well aware that there are other affections of the womb with symptoms more or less resembling those of fibroid, such, for instance, as corroding ulcer of the os and cervix, a granular condition of the mucous membrane of the uterine cavity, simple fungoid growths, and tubercle of the womb, also some uterine displacements. The cervix and inner os must be fully dilated with laminaria, even risking septicæmia, the great bug-bear of timid practitioners, and the mucous surface of the entire cavity well examined with the finger, and should abnormal growth be detected, the most appropriate treatment at once determined on.

If the overgrowth be inconsiderable, and of limited extent, it may be lightly scarified and swabbed with fuming nitric acid, and the vagina plugged lightly with cotton wool, for twenty-four hours. After this, the acid should be applied, through a glass tube, about every seventh or eighth day, until six or eight applications shall have been made. When the uterine canal is moderately patulous, the small glass tubes can be generally passed to the fundus without previous dilatation by tent.

Mild cases will generally succumb to the measures above stated. Should, however, the tumefaction have assumed larger dimensions, rather more formidable treatment will be required, and a week or ten days preparatory treatment may be deemed necessary—the patient observing the

recumbent position the greater part of the time. It may be as well not to inform the patient of the necessary future proceedings, or she may demur, and request her attendant to continue his medicines and injections, but if he values his professional reputation, he will not indulge in mere placebo treatment, or even too long in the use of the best palliatives, but as soon as his patient is in a fit condition, let the cervical canal and inner os be fully dilated with long and large laminaria. In some cases this procedure will require two days for its completion. I usually have the chloroform administered just before taking away the tents, and immediately on their withdrawa', hook long, slender vulsella or tenacula firmly into the lower part of the cervix, on either side, and carefully draw down the external os as near to the labia pudendi as possible. If this is done slowly and without jerking, it may be accomplished with safety, more especially if an assistant renders aid by moderate external pressure.

The finger may now be passed on the mucous surface as high as the fundus, thus measuring each bulging part, which should be incised and punctured with a long, slender, sharp-pointed knife, guarded, if necessary, with thin lint or rag. On withdrawing the knife, incise the inner os in two or three places, and divide the cervix on both sides. Allow the parts to bleed freely, if they will, provided the condition of the patient will bear it. As soon as the bleeding has sufficiently subsided, I swab the incised and punctured parts freely with fuming nitric acid, and also the divided edges of the cervix, plug the vagina with a tampon of cotton wool, and administer a full opiate. About seven days after this, I usually repeat the swabbing with acid, carefully passed through the glass canula, and continue the application for a period of two months, or longer if deemed necessary.

In a few cases, in which the tumefaction was not quite sensibly reduced, after three or four applications of the nitric acid, I substituted for it the acid nitrate of mercury—in almost every case with excellent effect—four to seven applications of the last named remedy are generally sufficient to reduce the abnormal enlargement. In some constitutions, salivation is quickly produced by the acid nitrate, therefore its action in every case must be watched. No accident of the sort has occurred in any of the cases in which I have used it. In

some instances, rather more pain or greater uneasiness is experienced than results from the use of nitric acid, the womb bearing the latter better than any other effective escharotic.

The amount of success following the above plan of treatment of fibroid, in its early stages, I consider, fully warrants me in saying that if it be carefully and adroitly carried out, that success in the greater number of cases will be the result.

Some few practitioners of acknowledged ability have seemed to pin their faith on several internal remedies, among which are bichloride of mercury, bromide of potassium, chloride of calcium, biniodide of mercury, and ergot, the last being about the only medical remedy entitled to any consideration in the treatment of fibroid, and that more especially from its well-known influence on the uterine muscular fibre, its power of lessening the calibre of the arteries of the uterine parenchyma, thereby diminishing the nutritive supply to the abnormal growth. This remedy may possibly merit some of the praise so liberally heaped upon it by its eminent advocates. In the advanced forms of the disease, as an auxiliary it may be serviceable, in aiding the expulsion of the tumor, and even in its early stages, in checking hemorrhage, but on the whole it cannot be regarded as a reliable remedy for the dispersion of this malady, for whether administered per os or hypodermically, it has almost invariably to give place to a more efficient plan of local treatment.

Judging from a case reported by Dr. Byford, the free, hypodermic use of the drug is not altogether without risk, for in his case it caused necrosis of the tumor, the fragments of which were extruded. He also states that on two occasions peritonitis occurred from the violent contractions of the womb, one of which proved fatal. Similar results have been reported by other practitioners.

Before leaving this subject, may I ask your opinion as to the probability of extirpation of the ovaries ever becoming the accepted operation for the relief or cure of uterine fibroid, for this is *one* among the surgical remedies that have been employed for this purpose during the last five or six years. Dr. Goodall states that out of fifty-one operations, thirty-one have been done by the abdominal section, and twenty by the vaginal, attended in the latter by four deaths only, and in the former by eleven.

The proposition originated with Dr. Battey, some six years ago, and as Dr. Goodall observes, somewhat startled the medical profession. The object aimed at is that of lessening or stopping the periodic congestion of the womb, in fact establishing an artificial menopause, thus by cutting off the supply to, and causing decrease or dispersion of the fibroid growth. The doctor puts forth a plausible theory, but more time and experience will be required to test his method in practice. Some supporters of the doctor's views seem to think that it may be considered by many as an objectionable mutilation, causing barrenness, and unsexing the woman, yet they consider it quite justifiable in consequence of its being far more successful and less dangerous than enucleation, or even attempted enucleation, and not so great or so dangerous a mutilation as extirpation of the fibroid uterus. If this operation is ever regarded with favor by the profession, its early performance should be done in suitable cases, before the patient is worn out by exhausting hemorrhages and long suffering.

CASE OF OVARIOTOMY—RECOVERY.

BY L. HARVEY, M.D., WATFORD, ONT.

Mrs. G., aged 34, applied to me in the latter part of 1877, concerning an enlargement of the abdomen, which she had noticed since the birth of her last child, then two years old, and which she said had been gradually and steadily increasing.

After a careful examination I pronounced her trouble to be an enlarged ovary, and explained to her the probable result. I told her that after a time she could have the palliative operation (tapping), or the curative and more formidable operation of removing the sac. She declared she would die before she would consent to the latter. I saw her occasionally until September 1878, when, owing to the burden of the tumor she willingly consented to be tapped, but persistently refused the major operation. We tapped her with a large sized trocar, and removed 34 lbs. of a dark colored grumous fluid, after which she gained flesh rapidly for a time, but before three months she noticed that she was again increasing in size, and after this increased very fast. As soon as warm weather set in last spring, she found herself considerably burdened and lost flesh rapidly, so that by the middle of

September she concluded something must again be done or she must soon die from exhaustion. By this time she had become so emaciated that she only weighed 128 lbs., her ordinary weight before the growth of the tumor being 135 lbs. About this date she again consulted with my partner in business, Dr. Stanley, and myself, when we again gave her the choice of the operations, and told her candidly of the probable result. This time she chose ovariectomy, and we decided on the 1st of October as the day for the operation.

Having selected as assistants, besides Dr. Stanley my partner, Drs. Harvey and Newell, of Watford, all three of whom were formerly my students, knowing their reputation and ability as practical surgeons, which, by the way should always be taken into consideration by the surgeon, before commencing any major operation, as a great deal depends on the efficiency of the assistants at such times, we commenced the operation, using pure chloroform as the anæsthetic, Dr. Newell attending to it very carefully. As soon as she was profoundly under its influence I made an incision through the integument, extending it from the umbilicus to within 1½ inches of the pubes. I then carefully cut down to the peritoneum, made a small opening in that membrane and after introducing the grooved director extended the opening to the same extent as the external cut. The tumor being thus exposed, we tapped it with a large trocar and canula, and after drawing off about 12 quarts of fluid, we tied a cord tightly around a section of the sac just below the trocar, the assistants having kept the sac well drawn up into the wound. This cord not only prevented any of the fluid escaping when the canula was withdrawn, but also gave us something by which the tumor could be conveniently raised as might be required. I then proceeded to break up the adhesions which I found to be very extensive all over the right hypochondriac region, and also some firm bands at the upper and on the left side. This having been accomplished we raised the tumor pretty well out of the abdomen and emptied the sac of the remaining portion of the fluid, then after carefully examining the pedicle as to length, size, &c., we concluded to treat it by ligature, and accordingly transfixed it with a needle armed with a double thread of carbolized whip cord; we then tied it on either side and cut off the pedicle, bringing out the long ends of the ligatures near the

lower end of the abdominal wound, where we also before closing the wound inserted a small sized bent glass tube, as a drainage tube. Before closing the wound we sponged out the peritoneal cavity carefully with carbolized water, one part to the hundred, and was glad to find the other ovary and other organs in a natural condition. The hemorrhage from the breaking up of the adhesions, although considerable was not copious. We closed the wound with long hare-lip pins, which we inserted pretty deeply so as to bring together a little of the surface of the peritoneum; these we put through one to every inch, with superficial stitches between. We then strapped the abdomen carefully with long adhesive straps, applied a flannel roller, and placed the patient on a comfortable straw mattress. The time from the commencement of the operation until she was placed in bed was just one hour. She soon rallied from the anæsthetic, and expressed herself as free from suffering except a tightness in the left side where the pedicle was ligated. On weighing the sac with its contents we found it to be $39\frac{3}{4}$ lbs. besides some of the fluid had been spilled, no doubt a couple of pounds, so that we took away fully one-third of her whole weight. The fluid was of the same thick, dark color, as when we tapped her a year previously.

After treatment—When she had fully rallied from the effects of the chloroform we gave her 20 drops of tincture of opium in about two table-spoonsful of milk. In a short time she went to sleep and slept soundly for four or five hours. We concluded that one of us would remain with her for a few nights, so as to notice any change that might occur. Dr. Stanley remained the first night, I did so on the second, and so on alternately for ten nights, as we could not obtain a proper professional nurse. For the first two days after the operation we gave her from 10 to 30 drops of tincture of opium every four or five hours as the symptoms demanded, which was the only medicine she had during that time. For the first two days we gave no solid food, after that we gave some beef tea, milk, soda biscuit, rice, corn starch, &c., at regular intervals, and an egg beaten up with milk, to the amount of one every twenty-four hours. After the second day we gave her a mixture of sulphuric acid, quinia and tincture of opium, and when needed small doses of opium alone. After the tenth day we gave her tincture ferri mur., aromat. sulph. acid with half

grain doses of quinine, three or four times daily. The patient so far was in good spirits, suffered very little pain, and was evidently doing well. On the fourth day after the operation I unloosed the bandage and examined the wound; it looked well, better than I could have expected. I took out all the superficial stitches and some of the pins. Union by first intention had evidently taken place in the greater part of the incision. We washed the wound with carbolic lotion 1 to 25, and, as before, applied a small pad of lint soaked in carbolic oil. By means of a Davidson's syringe applied to the glass tube every morning, we drew from the peritoneal cavity from half to an ounce of bloody serum, and broken down tissue. This we continued until the fifteenth or sixteenth day when the deep ligatures came away, after which there was no further occasion for it and we removed the tube entirely. The day after the tube was removed (the 17th after the operation) our patient sat up in the rocking chair for a time, and on the 20th day walked a short distance in the garden; and on the 1st November, just one month after the operation, prepared dinner for the family. At present she is attending to her ordinary household duties, and is gaining flesh rapidly.

I have purposely omitted giving the pulse and temperature until now, that I might give it in table form :

	Pulse.	Temperature.
1st (night of operation)	110	101
2nd.....	112	102
3rd.....	120	101½
4th.....	104	100¼
5th.....	96	99½
6th.....	106	100½
7th.....	100	100
8th.....	100	99½
9th.....	96	99
10th.....	100	99½

On the 15th day the temperature went up to 103 and remained at that for three days, but there was no other unfavorable symptom whatever, as the appetite remained good, no pain, slept well, &c. The only apparent reason we can give for the increase of temperature, was increased nutrition as her strength was rapidly gaining every day. We have thus reported this case more minutely than we would did we not consider it a very remarkable one, as we removed fully one-third of the whole

weight of body ; and in the hope too that our fellow practitioners may not despair in putting forth an effort to save life even under the most unfavorable circumstances.

LOCOMOTOR ATAXIA.*

(TRANSLATED FROM THE *Gazette des Hopitaux.*)
BY G. T. MCKEOUGH, M.B., M.R.C.S., ENG., ETC.,
CHATHAM, ONT.

I have had this patient brought into the amphitheatre, in order that we may study together the principal phenomena which he presents ; explained in this manner, they will be more deeply impressed on your minds. But I ought first to relate to you the history of the case.

He is a man thirty-eight years old, a sculptor, formerly a soldier, and while serving as such, he underwent successive fatigues during the siege of Paris. In 1871 he contracted syphilis, which affection produced its ordinary evolution, viz., after the chancre the secondary eruption, etc. His health afterwards was very satisfactory until the year 1876. At this period, without any known cause, appeared some peculiar phenomena relative to his sight ; the man could not see well ; he could distinguish the top of objects, but could not see parts situated towards the base ; he could not see the earth. At the same time he thought he saw objects dancing about, as if he was drunk. These troubles of vision lasted a fortnight and then disappeared. Some months later, in November 1876, the patient was seized with persistent pains in the calves of his legs, but these pains were not "shooting" in character ; they were more the sensation of a violent burning, "as if he had had thrust a red hot fire brand into the calves of his legs." These symptoms lasted only a few days, then, once again, all abnormalities disappeared. Nothing abnormal with respect to his head or stomach.

It was in the month of January, 1877, that the patient first perceived that he staggered, and had difficulty in walking straight. His muscular force was not diminished, but, when taking long walks he felt that he was less master of the movements of co-ordination of his legs.

These phenomena soon became more accentuated ; his walking became more distressing, his calves, thighs and limbs were traversed by true fulgurating pains. His gait became more and more difficult during the winter of 1877 ; his strength diminished sensibly, but the patient had not yet perceived the sensation of "down" under the soles of his feet in walking. Constricting pains around the chest, in the region of the sternum, appeared now, the helplessness of his limbs augmented, standing upright became difficult. Then a remarkable phenomenon manifested itself ; the man was in company with some friends, when they remarked to him that his left eyelid had fallen, covering the eye more than on his right side ; some days after he noticed besides, that his left eye squinted, and that he saw double. These phenomena were but transitory, and after a few months, scarcely a trace of them remained.

But while the symptoms affecting the eyes disappeared, those affecting the limbs were accelerated, and especially the lower extremities, where the helplessness, and the incoordination in walking became so pronounced, that the diagnosis of locomotor ataxia was no longer doubtful.

Some special phenomena appear yet to complete the clinical picture of this affection ; troubles of micturition, difficulty in urinating, paralysis of the bladder, necessitating the use of the catheter. Sharp pains in the stomach declare themselves, and persist a long time.

After having given the pathological history of this man, let us now examine his present state. I will interrogate him before you, and you will see his manner of keeping himself upon his feet ; he says that he staggers, that he feels "as if he was on-springs, on something that was pushing him upwards." Standing in the erect posture is difficult. In order to progress forward, you see he is obliged to support himself, that he projects his legs to the right and to the left, and that he "heels it," as they say. When he walks, it appears to him that he is walking on thick carpet. Some patients believe even that they walk on sponges. If we make him close his eyes, he can no longer stand upright ; he falls immediately he is deprived of the aid of sight. Sensibility is, however, not abolished, but he has himself remarked to us that there is a retardation in his tactile sensibilities, and that when he knocks his foot, it is some time

* Under the care of M. Hardy, M.D., Physician to the Hospital de la Charité.

before he perceives it. You can also ascertain, that notwithstanding the apparent feebleness of his muscles, it is absolutely impossible either to flex or extend his leg. He supports likewise, a heavy burden; the weight of a man mounted on his shoulders does not make him flinch. His weakness is then only apparent, there is something which hinders him from making use of the muscular force still intact. As to his upper extremities, there are no marked disorders; he perceives, however, that he does not draw well, and that his writing is a little shaky; there exists a slight trembling of the hands.

But there is another phenomenon rather singular, which ought for a moment to arrest our attention, that is, a considerable diminution in the size of his left forearm, the circumference being about a centimetre (about one-third of an inch), less than the right forearm. You observe also that the left hand is thinner than the right, that the thumb approaches nearer the index finger, and that he cannot extend it beyond a very feeble acute angle, whilst that of the right hand can make, with the index finger, a right angle. This is owing to the disappearance of the muscles of the ball of the thumb ("thenar" eminence). There is muscular atrophy on that side; it is that which hinders the movements of the thumb, diminishing its amplitude, and interfering with its movements in opposition to the other fingers (monkey's hand). Notice, however, the exaggerated contraction of the pupils and the remains of divergent strabismus.

Sensibility is preserved in his limbs, and in his hands. The state of his general health is very good; as regards his genital functions, "he believes he could still perform them."

All these facts being disclosed, it remains for us to give a name to this collection of divers phenomena. A diagnosis is here required: it is progressive locomotor ataxia, characterized, as you know, by sclerosis of the posterior columns of the spinal cord. We have all the precursory details, and all the most characteristic symptoms. Remark how insidious is the onset, and how it deviates at first from the signs of an affection of the cord. The primitive symptoms, disturbance of vision, of hearing, etc., are only transitory, but they barely disappear, when there appear more evident signs, defects of the equilibrium, transitory fulgurating pains, the peculiar projection of the feet, of the

heel, retardation in the perception of sensations. There is, however, no marked disturbance of sensibility; it must not be believed that all ataxics present anæsthesia, and it is wrong to attribute the incoordination of the movements in walking to disturbance of sensibility.

The visceral phenomena have been very marked in our patient; the stomach, the bladder (cystitis of the neck and muscular paralysis) have presented special characters, in accord with the fulgurating pains in the limbs. But it is the muscular atrophy of the left upper extremity which is the most remarkable feature in this case. It is not true progressive muscular atrophy; that which we observe is confined to a group of muscles, especially to the ball of the thumb—muscles of the thenar eminence,—it does not spread; it is confined simply to a small sclerosed centre of the posterior cells of the cord, towards some of the motor cells of the anterior cornu; although this phenomenon is rare, it is not unknown in locomotor ataxia.

What shall I say of the prognosis? It is sad to admit, but it is very grave, the disease always progresses from bad to worse. If some of the collateral phenomena at the beginning have been transitory, see how progressive are the constituent features of the disease. The gait becomes more and more difficult, next the impossibility of drawing, writing, etc. But the duration of the disease is long, and its progress slow. You have seen in our service an ataxic man, lying in No. 12 bed, St. Charles Ward, during the past eighteen months, who is absolutely unable to move any more, who has become completely powerless, speaking with difficulty, reduced, in a word, to the state of a piece of furniture, inert and blind, although his intelligence is relatively preserved, and he has still some memory.

As regards therapeutics, alas! we have no means whatever of curing or arresting this affection. We can only alleviate the symptoms. The external remedies, which are the most efficacious, are the cutaneous revulsives along the tract of the vertebral column, such as dry cupping, blistering, the actual cautery, and sulphur baths every other day. Internally, benefit is obtained from the use of iodide of potassium, which acts by absorbing the connective tissues in a state of proliferation. It is the best remedial agent we have; it does not cure

but it relieves, and retards the progress of the disease. Nitrate of silver in doses of 1-5th of a grain per day, has an action somewhat similar to that of iodide of potassium. It is best to employ them alternately, each for a fortnight or three weeks. We owe to them a sort of half success. The painful symptoms occupy a large place in the treatment of this affection. We relieve them by hypodermic injections, by chloral and applications of chloroform. We should endeavour, finally, to combat, as much as possible the long and cruel sleeplessness which affects patients suffering from this disease so much, and who as I have told you, having preserved their intelligence, are all the more impressed by their sad situation.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—On reading, in your last issue, your notices of the matter of "Mallory against the Medical Council of Ontario," and of the "Trinity Medical School annual dinner," I observed that the opportunities seemed to be thought favourable for writing some hard things about the Council.

I may say first that I quite agree with you, that any thing bordering on trades-unionism is not to be tolerated in our profession, yet it occurred to me, that our college was receiving more than its fair share of buffets for its supposed leaning towards trades-unionism, both from the bench and press; both Judge Hagerty and the *Lancet* seeming to speak of the institution with undue severity.

In your report of the "important decision," we are told that the learned judge was severe on the medical Council for the extortion of a large fee from British graduates who desire to practice in Ontario, "and warned that body not to attempt it." And yet it might be known that "the body" is not alone in the attempt, but that something of the same nature with the course condemned by his lordship is done at Osgoode Hall, in the instances of lawyers from Great Britain seeking admission into the ranks of their brethren in Ontario; and so far as has been heard, no judge, however learned, has ever reflected upon the authorities of Osgoode Hall, because of their regulations, or has warned them of the impropriety or extortion of their proceedings; nor do we know that the *Law Journal*

has ever put them under the harrows on that account.

You take care to tell us that you are "much pleased with the decision, and you congratulate Dr. Mallory." Of course it is good to rejoice with those who rejoice, but on the other hand, even in the midst of our satisfaction at a victory, is it not right to reflect upon the galling inequality which may result from the triumph which we celebrate?

It is difficult to see the justice of forcing Ontario graduates to undergo a painful ordeal, resulting in grief to very many, while men who come, or go, across the sea are enabled to avoid it, and it seems unwise in this way to procure the existence amongst us of two classes of physicians, the one consisting of natives of the country, who are visited with prosecutions and fines if they pursue their profession without having passed the examinations of the College of Physicians and Surgeons, and paid its fees, the other of a preferred class from Great Britain, who have an Imperial immunity from prosecutions, fines, examinations, and fees, who too have obtained the immunity simply at the cost of graduation, or it may be, of that of a very indifferent diploma. It is likely that now Ontario men may come to see that there is really "discrimination," and certainly not in their favour; also that the contrast between the positions of the two classes of medical men will be productive of mutual repulsion, and among the native physicians, of no small lack of contentment with the conditions which allow so great unfairness.

You seem to lay all the blame of the absence of reciprocity with Great Britain, on the Ontario Medical Council. In this, I am persuaded, you do the Council injustice. There has always been on its part a desire to obtain agreement with that of Great Britain, but there has always been the endeavour to obtain it on equal terms, and surely that cannot be found fault with. The medical profession in Great Britain has never been willing to grant equal terms, partly because there is a disposition to underrate every thing Colonial, especially if it is Canadian, and partly because of the composite nature of our Council. It is, without doubt, to be desired, that we could come to terms with the brethren across the Atlantic; but I cannot agree with Mr. Justice Cameron's recommendation, that we should concede to them whatever they require of us. We should not thus present ourselves, to

the rest of the medical world, shorn of self-respect. I hope that at present the Council will not be pressed into any negotiations having reciprocity as their goal. It is of moment that we first recover our position, with respect to our Provincial affairs. This position has been disturbed by legislation exclusively English, just one year and no more, after it had been made secure to us, as was thought by all, by the passing of the Canadian Confederation Act by the Imperial Parliament.

Yours truly, J. D. MACDONALD.

Pres. Ont. Med. Council.

Hamilton, Ont., Jan. 14th, 1880.

To the Editor of the CANADA LANCET.

SIR,—An order having been given by the President of the Medical Council of Ontario, to the appointed prosecutor, to stop proceedings against females calling themselves mid-wives, and practising as such for hire, the London Medical Association, after discussing the matter, authorized me, as Secretary, to ask the President for an explanation. The following is the gist of the President's reply :—

"The unanimous opinion of the Committee was that the prosecutions were indiscreet, and tended much to bring public indignation upon the college. I may say too, that the members of the Committee, who are men of no short experience in Canadian medical practice, did not take that view of the dangers which may be expected to arise from the occupation of a mid-wife, which is so strongly marked in your communication, but mid-wives were spoken of as a useful and harmless class of persons, whom it was unjust, and for us, most unwise to molest. I trust that the Medical Society of London will see, on consideration, that if we engage in these prosecutions, we cannot stop at mid-wives, but must proceed against every kindly woman who assists a neighbour in distress, or which is the same thing, take the responsibility of every prosecution which any party, well or ill-meaning, may undertake against them, and that seems a very odious position for the College of Physicians and Surgeons of Ontario to occupy, and will hardly redound to the credit of its members."

I also wrote to Dr. Hyde, representative of this division, asking his opinion, which is as follows :—

"In reply, I beg to state that in my opinion, such an important matter should have been submitted to the Council, and received the approval thereof, before being promulgated. If my recollections are not at fault, there were no exceptions made on behalf of mid-wives or any other unlicensed practitioners, at any time, by the Council. The instructions to the prosecutor were general and free from all restrictions as far as the Council is concerned. I cannot agree with the President where he states in his letter to you, that mid-wives are useful and harmless. I am also convinced that it is a prominent duty of the Council to protect the public as well as the profession, against incompetent persons from practising any branch of medicine, notwithstanding the assertions of some."

Now sir, I would ask to whom is the profession to look for the faithful carrying out of the Medical Act. It appears, from the tenor of the President's explanation, that his idea of the duty of the Council is simply and solely to appoint a board of examiners to prove the competency of students to practice the different branches of the profession; this done, its duty ceases.

It cannot be denied, but that the act, so far as it goes, is a good one, and that the profession has been materially benefited by it, but it is unfair for the Council to place the responsibility of prosecuting unregistered practitioners and quacks, upon individual members of the profession. Each registered practitioner is assessed yearly, and the student has to pay a large fee to the Council for his license, while unregistered practitioners and illiterate quacks are allowed to practice on every side unmolested; yet the President of this august body countenances these very quacks that it is his duty to frown upon and put down, and calls them *useful* and *harmless* people, that the interference of the executive only brings down upon their devoted heads public indignation. How would the public feel, if when these *useful* and *harmless* women get into difficulty, (as is very frequently the case), the medical man called in to relieve them and shoulder the responsibility of the case, would say: "This woman is your choice, let her get through with the case," there would then be the cry of inhuman wretch, or some such kindly words. There have occurred recently three cases, mentioned at our Association meetings, which clearly shew the danger to the life of the unfortunate

patient placed in the hands of these *useful* and *harmless* women.

The first case was one where a so-called midwife was in attendance for about 18 hours, when some kind friend happened to drop in, and saw that the woman's strength was failing, and insisted upon a medical practitioner being called in. He found a face presentation, with prolapse of the funis, the woman very much exhausted. He sent for a second accoucheur, and perforation was necessary, but too late, the woman died from septicæmia. The second was a case where one of these women was in attendance for over 20 hours; a doctor was at last sent for, and found a shoulder presentation. He tried to turn, but could not; called in a second, and evisceration had to be resorted to; there was rupture of the uterus, and the woman died. The third was a case of hydrocephalus; a woman had been in attendance for two days and nights; perforation of the head of the child saved the woman's life. I don't mean to say that any or all of these cases might not have terminated as they did, if a regular accoucheur had been present from the first, but I do say that in all human probability the lives of these two women would have been saved, because in the first case, so soon as the practitioner saw that the patient was becoming exhausted, he would have delivered; and in the second, if the doctor had been in attendance sooner, turning would have been practicable and rupture prevented.

If this is the line of conduct marked out by the present Council, the sooner we make a change, the better for the public and the profession. I have here given the views of the London Association, and I am sure that all other like bodies will endorse it.

Yours truly, S. PAYNE,
Sec. London Med. Ass.

Selected Articles.

THE TREATMENT OF TYPHOID FEVER IN THE PHILADELPHIA HOSPITALS.

The remedies which have been found at the University Hospital to exert the most powerful influence upon the follicular intestinal catarrh, always present in this disease, are first and foremost the nitrate of silver, and next the subnitrate of bismuth and carbolic acid. There would seem to be abun-

dant evidence that nitrate of silver reduces the size of the enlarged follicles, relieves the inflammatory engorgement, and allays the hyperæsthesia of the nerves. It has also been settled by numerous experiments that the nitrate of silver is the most easily administered of the three astringents above mentioned, and the best tolerated by the system. If there is any putrid element in the disease, carbolic acid is employed instead of the nitrate of silver. The nitrate of silver is administered in doses of one-fourth of a grain four times a day. This treatment is persevered in until the ulcers have entirely healed.

If the discharge from the bowels is composed of small, semi-solid stools, it is, with propriety, disregarded; but if the stools are watery and large, opium is administered in pill-form, combined with the nitrate of silver. From one-quarter to one grain of the powdered opium is given three times a day. If there is constipation instead of diarrhoea, belladonna is given conjointly with the nitrate of silver.

Great care is had with regard to the diet when the catarrhal inflammation of the intestines is present. The food employed is, of course, as digestible as possible. Milk has been found to be the best diet in this disease. If the curd appears in the stools, the milk is diluted with water, or lime-water. Of this mixture of milk and lime-water three ounces are given every two hours, or a little over two pints in the course of twenty-four hours. When the bowels are torpid, beef or mutton broth is given alternately with the milk.

The beef-tea employed is prepared after the following receipt; Take a quantity of tender meat, and, after cutting off the fat, chop it up fine, put it in a bowl, pour a pint of water over it, and let it stand over night. The water should be kept just on a simmer—the temperature never being allowed to go above 140°, otherwise all the albumen is coagulated, and so either left on the sieve in straining, or introduced into the stomach in the form of curds. After this simmering solution has been allowed to stand over night, pour it into the pinking, and heat it again gently with enough salt to give it flavor, and, if necessary, add a drop or two of muriatic acid. Then pour it out over a hair-sieve into a jar. The resulting solution will be found to contain all the nutriment possible, and to be the most valuable kind of stimulant and laxative.

When the fever is high, the patient is given all the food he can take. Care is had, however, that, in allowing food, the already inflamed intestinal tract is not further irritated.

The poison in the blood is controlled by means of quinia, and nitro-muriatic or salicylic acid. As a general thing, salicylic acid is only employed where there is some putrid discharge joined with high fever. Quinia is considered (1) to neutralize

the effects of the septic poison in the blood, (2) to act as a good tonic to the muscular and nervous systems, (3) to tend to check febrile action, and (4) to remove any malarial element that happens to be present. Quinia is never given in the enormous doses advised by the German physicians. It has been found that such doses will break down high fever, but they produce entirely unnecessary irritation of the gastric mucous membrane. About twelve grains of quinia are given in the course of the twenty-four hours.

The temperature is kept down by preventive measures rather than by the cold bath, which is regarded as a last resort. It is unnecessary after this to say that the practice of the University Hospital is wholly opposed to the indiscriminate cold bathing in typhoid fever, so much in vogue in Germany within a year past.

When the temperature runs up in spite of drugs, —in the milder cases, spongings of the whole body are practised every two hours, the sponges being squeezed out of a mixture of water and bay rum at a temperature of from 60° to 80°. If this does not succeed (it rarely fails), and if the patient's temperature mounts up to 104° or 105°, he is then wrapped up in sheets wrung out of cold water. If the temperature still runs up to such an extent that life is threatened, the patient is placed in a cool bath until the bodily temperature is sufficiently reduced.

Before the local lesions appear, the fever can be more boldly attacked; but when, in subsequent stages, it runs high, it is regarded as partaking of the nature of a sympathetic fever, largely dependent upon the amount of intestinal lesion, and the use of baths at this period is thought to be attended with great risk. If the cold bath is used at all (except as a last resort, and when temperature cannot be reduced in any other way), it is employed during the first ten days in cases where the temperature rises above 103° and cannot be controlled by frequent spongings, large doses of quinia, diaphoretics, etc.

With regard to the use of stimulants, the hospital practice is not in favor of administering them simply because a patient has the fever. It is believed that stimulants are only demanded for the relief of certain symptoms. As a general thing, they are not given to children before the age of puberty. They are only administered to old persons, and to meet certain indications, viz., (1) ataxic nervous disturbances, such as sleeplessness, twitchings of the muscles, maniacal delirium: (2) circulatory disturbances, such as feeble and rapid pulse, and feeble development of the first sound of the heart; (3) profound asthenia, as shown by great tremulousness, inability to make any movement, and tendency to slide down off the pillow; (4) dry and brown tongue, with sordes on lips, teeth, and tongue.

The milder forms of stimulus are always used at first. The one most frequently employed is wine-*whewy*. This is made in the proportion of one part of sherry to three of milk, and as much as a gill or half a pint of it is given in the course of three hours. If the symptoms increase, stronger stimulants are used, such as whiskey. Whiskey is usually given in lime-water and milk; the lime water prevents the coagulation of the milk by the alcohol. These ingredients are mixed in the proportion of one tablespoonful each of whiskey and lime-water to every three ounces of milk. In this form half an ounce of whiskey is given every hour. If the stimulation is doing good, a diminution of the serious symptoms is noted. If the symptoms increase, on the other hand, the amount of stimulus is reduced.

With regard to complications: relapses are always regarded as true second attacks of the disease, and are treated accordingly. The treatment is resumed, the diet restricted, and the same general watchfulness had over the state of the case as during the course of the first attack.

Hemorrhage occurring early in the attack is considered as of but little consequence, but when it supervenes later—when the sloughs are thrown off—it is regarded as a very serious matter. The treatment of hemorrhage is by absolute rest in bed for twenty-four hours, and by the administration of opium, to produce complete quiet for the alimentary canal. The opium is given by the rectum, one grain of the solid opium being prescribed every two or three hours until the patient is gently under its influence; of astringents, for local action, acetate of lead is preferred. A suppository containing one grain of opium and three grains of the acetate of lead is given three or four times daily. Ergot, by reason of its action upon the walls of the arterioles, is also very highly prized. It is given hypodermically near the supposed seat of the hemorrhage. The food allowed is very small in quantity, and absolutely liquid.

Peritonitis is treated by antiphlogistics, sedatives, perfect rest in bed, and a diet which leaves no residuum to irritate the bowels.

True perforation is regarded as beyond the reach of medical skill to mend.

THE GERMAN HOSPITAL.

The quinine treatment (heroic doses) has been given a fair trial in the wards, and has been found to do but very little, if any, good. It has not even been satisfactorily demonstrated that it reduces the temperature, as the same changes in temperature have taken place in the case of those who have been taking the mineral acids alone. Indeed, after giving quinia some time in some cases it was stopped, and the same changes were found to exist. Quinia has seemed rather to increase the diarrhoea and headache, and in two cases it produced entire

deafness for two weeks. Sponging with vinegar and water has been found to act beneficially. Plenty of ice is given the patient to suck, and the ice-cap is applied to the head. The wet pack has been found to lower the temperature for the time being, but in an hour or more it generally mounts up again. To this is added the consideration that it has the disadvantage of necessitating the constant moving of the patient, wearing and weakening the constitution, thereby destroying his or her main support against the disease.

Oil of turpentine, as recommended formerly by Dr. George B. Wood, has been proven to act most beneficially. Especially has it been found useful in those cases where the dry, dark, and heavily coated tongue exists, with abdominal symptoms. It is given in twenty-drop doses in mucilage, every hour or two, and is continued in smaller doses during convalescence. In a large number of cases in which dry, dark tongue existed with tympanites, turpentine acted most beneficially, the tongue regaining its normal color and becoming moist in from six to eight days, and the tympanites disappearing in a much shorter time.

The mineral acids are of great service in keeping the stomach in good order, stimulating the appetite and relieving the intense thirst. In many cases the patients call for their dose of the acid hours before the time, so much are they pleased with its taste and effects. The acid commonly used is the dilute nitro-muriatic acid.

Whenever active, wild delirium exists, from one-third to one-half of a grain of morphia is given hypodermically. This medication has been found to act promptly in almost every instance. In one case particularly, the patient towards evening showing signs of approaching delirium, a large dose of morphia was immediately given hypodermically, which had the effect of rendering the patient perfectly rational when he awoke. Upon another occasion, when this same patient again showed signs of approaching delirium, the morphia was omitted, upon which a wild attack of delirium came on, which was at once broken up by the use of a moderate dose of morphia hypodermically.

THE EPISCOPAL HOSPITAL.

The temperature is reduced and the heart strengthened by fifteen-drop doses of the tincture of digitalis and two grains of quinia, every three hours. Stimulants are only employed in the severer cases. Excessive diarrhoea is controlled by injections containing fifteen drops of laudanum and half a fluid ounce of starch. Dilute muriatic acid is given in fifteen-drop doses every three hours, and in the second week of the disease five drops of turpentine are administered every three hours. Hemorrhage from the bowels is controlled by the internal use of ergot, and the local application of ice to the abdomen. A number of cases have been

treated of late with one-fourth grain doses of the nitrate of silver in the second week of the disease, this dose being repeated every three hours with entirely negative results.

THE PENNSYLVANIA HOSPITAL.

Ten grains of quinia are given daily, and ten drops of muriatic acid every three hours. The patient is sponged all over with cold water, in the mornings and evenings. Diarrhoea is controlled by opiates and astringents. This is the routine treatment. The diet is very carefully regulated, consisting principally of beef-tea and milk. When the first sound of the heart is altered (weakened) early in the course of the disease, it is regarded as an indication that the patient should immediately be put upon the use of stimulants; or, if he is already taking whiskey, that the daily amount should be doubled.—*N. Y. Med. Record.*

LUPUS OF FACE REMOVED BY EXCISION—TRACHEOTOMY WITHOUT THE TUBE.

Dr. Post presented (N. Y. Path. Society) a drawing of an enormous lupus of the face, upon which he had performed an operation of excision. The patient was a German woman, sixty-one years of age, who was an inmate of the Presbyterian Hospital. She had the disease in the region of the nose for several years. At the time she entered the hospital the whole nasal pyramid had been swept away, and the ulceration had involved the integument at the root of the nose and between the eyes, the forehead, and four-fifths of the upper portion of the upper lip. As a precautionary measure against the escape of blood into the trachea, Dr. Post performed tracheotomy without a tube, after the manner proposed by Dr. H. A. Martin, of Boston (*Amer. Med. Association Trans.*, 1878). The patient was fat, had a thick neck, and the subcutaneous vessels were large and numerous. Dr. Post stated in passing that the method of Martin maintained a wider opening than when the tube was used; that there was no irritation from the presence of the foreign body; and lastly, that there was no obstruction from the presence of mucus. From his experience in this case he was led to believe that wearing the tracheal tube after tracheotomy, will be placed in the same category as that of wearing the catheter after urethrotomy. He remembered one case in that connection which had its bearing on the question of wearing the tube after tracheotomy. Many years ago he performed tracheotomy for the temporary relief of malignant disease of the throat. The tube had been worn for a considerable period, and on its removal there was a well-marked ulceration caused by pressure.

To return to the patient with lupus. Dr. Post stated that as soon as he had opened the trachea he crowded a large piece of sponge into the mouth, cutting off all communication with the trachea. It was his intention to use Pacquelin's thermo-cautery, but unfortunately the india-rubber bag burst and he was compelled to use the knife. He began by making an incision below the margin of the diseased growth, thence on either side of the cheek to the inner canthi. The diseased portions of the latter situation were removed by the scissors. After completing the operation, which was a tedious and bloody one, the wound was dressed with shreds of lint and collodion. A little incident occurred a day or two after the operation which was worthy of note. The patient was rather suddenly attacked with emphysema, due to the entrance of air into the subcutaneous cellular tissue of the neck. This was promptly arrested by reopening the wound over the trachea. He stated that should the present operation be successful it was his intention of constructing a new nose from some other part of the body, taking the ring finger for a skeleton basis.

DEXTRO-QUININE IN DOUBLE PNEUMONIA.

Dr. Rutherford, of Macon, Ga., reports the following interesting case, in the *Med. and Surg. Reporter*, Philadelphia :

On the 11th of March I was called to see, with another physician, a white woman, aged thirty-three; skin very hot; cheeks flushed, eyes suffused; respiration about 23; pulse 120. Complained of severe pain in both sides of the chest; cough constant; both sides dull on percussion, right side more involved. Respiratory murmur at upper part of both lungs very loud, accompanied by some fine crepitation. Tongue very broad and flat, deeply furrowed in centre, base covered with a dense, dirty brownish fur; lips red; breath very offensive. Diagnosed double pneumonia. Ordered a large poultice, to cover both sides of the thorax, to be as hot as the patient could endure it, and acetate of ammonia, in one drachm doses, to be given every three hours; also five grains of dextro-quinine every six hours. Eleven a.m. next day, pulse was 120. Right lung more involved; pain more acute; respiration more rapid; mouth dry, tongue more brown, fissure deeper; temperature $40\frac{3}{4}$ °. Ordered poultice to be continued, and increased my dose of dextro quinine to twelve grains, to be given at once and repeated in four hours. At nine p.m., saw the patient; complained of diarrhoea. Three doses of dextro-quinine were taken, and the symptoms were much improved. For the diarrhoea, a few drops of Monsell's solution of iron were ordered every hour. Nourishment principally consisted of milk.

Dextro-quinine was given only twice during the night. On the morning of the 12th, symptoms much improved, though the dulness was as great, but heat and restlessness abated somewhat; diarrhoea under control. During the next two days the acetate of ammonia was continued in one-drachm doses, every four hours, five grains of dextro-quinine to be given three times a day.

On the 15th I was called in haste to her. Found pulse 135, respiration very rapid, skin very hot; two slight convulsions came on while I was with her. Ordered beef tea and milk to be given frequently, in small quantities. Tincture of veratrum was given in small doses every hour. At four o'clock I saw her again; was told that labor pains had set in. She was four months advanced. Made a vaginal examination, and found the os dilated, perineum soft and yielding, but little hemorrhage, and before I left the house the fœtus was expelled, minus the placenta. The shock this abortion inflicted on the system was very great; she became semi-comatose; pulse went up to 150, small and thready; breathing diaphragmatic. Convulsions then set in. Severe ones came on every twenty minutes or more. Face was pale, skin of body intensely hot, while the extremities were cold. Something had to be done forthwith, and as I put as much faith in dextro-quinine as most men do in a good brake on an express train, I poured out what I thought to be a good twenty-grain dose of that drug, which was dissolved in a solution of tartaric acid, and administered it. This was repeated in an hour. It was certainly marvelous to witness the effects produced. In two hours the pulse was reduced forty beats, and the skin much cooler. Though the convulsions did not entirely subside in that time, they were very much lessened. In three hours more I gave her ten grains again; by night she recovered her senses. Next day, I found, to my surprise, that there was very much less solidity of lung than at any other time since I first saw her. I removed the placenta with a hook this day; but very little hemorrhage occurred at any time. The dextro-quinine was now combined with Squibb's tincture of iron, five grains to thirty drops every three hours. From this time the convalescence went on uninterruptedly. I make no comments on this case, but would ask the attention of the profession to the line of treatment followed, which I believe will be found a successful one in cases of double pneumonia, pleuro-pneumonia, intermittent fever, and allied diseases.

EASY CATHETERIZATION.—A French surgeon advises to oil the patient, instead of the instrument. He injects oil into the urethra, and finds the friction and irritation are greatly reduced, as the instrument passes, so to speak, by its own weight.

THE NEW TREATMENT OF STONE OF THE BLADDER.

The *Boston Medical and Surgical Journal* has the following on the above subject. There has perhaps been no greater revolution in any department of surgery in a brief space of time than that which has occurred during the past two years in the management of stone in the bladder. When lithotripsy was first introduced it was thought that the dangers and terrors of lithotomy were to be a thing of the past, a memory of the Middle Ages; but gradually it was discovered that this operation was also not without its sufferings and dangers, and many ingenious instruments and much skill and practice were employed to reduce these to a minimum. The perfection of the modern lithotritist was supposed to have been realized in that distinguished London surgeon, Sir Henry Thompson. Here was the man who could count his cases by the hundreds, whose delicate touch with an instrument of his own device was supposed to have conquered that dread sequel of the operation, cystitis, if it was within the limits of human skill and ingenuity to accomplish it. The accumulations of a few great surgeons in the English metropolis made it possible to collect valuable statistics on the different modes of operating, to compare the old with the new, lithotomy with lithotripsy. An inventory was accordingly taken some two years since, when, alas for modern science, the prestige of the latter operation was evidently about to wane. In vain had Sir Henry perfected himself in his art, in vain had he reduced the manipulation of the bladder to an almost incredibly brief space of time; many of his colleagues, led by Sir James Paget, were about to tender their allegiance once more to lithotomy. It was interesting to those whose privilege it was to witness the experiments quietly going on in this country at that time to watch the ebb and flow of the discussion, and to note with no small satisfaction how thoroughly each master stood committed to his own favorite procedure. As lithotripsy was on the point of being abandoned, the key to the problem was discovered in the new operation which Dr. Bigelow has given us, rising, as it were, from the very ashes of the old. The establishment of the principle that the dangers of lithotripsy were due to sharp fragments and decomposable *debris*, and not to the use of instruments, was a genuine and valuable discovery. A few years ago Mr. Clover invented a syringe to remove the sand left by the lithotrite, but the diameter of his tube did not permit fragments of even moderate size to pass, and its employment produced, therefore, no modification in the operation of lithotripsy. The large tubes, of a size supposed impracticable before Otis had shown the capacity of the human urethra, and the evacuating apparatus devised by Dr. Bigelow first made a thorough emptying of the bladder possible.

Here, then, was an operation which rids the bladder of a stone as thoroughly as a lithotomy, but leaves no wound behind it.

Dr. Bigelow's new lithotrite is a valuable instrument, but should not be regarded as an inseparable part of his method. The ball handle, the locking of the screw by a turn of the wrist, the rectangular blades, and the peculiar construction of the jaws to prevent impaction of fragments are great improvements, as is also its size, which enables the operator to crush the hardest as well as the largest stone. This instrument without the essential features of "rapid lithotripsy with evacuation," however, would not have saved the traditional operation of lithotripsy.

The discussion which has followed has shown the versatile Sir Henry to be as skillful with his pen as with his lithotrite, but even this has not availed him to convince the world that he had been previously familiar with the principles of litholapaxy, namely, the tolerance of the bladder to instruments, and its complete evacuation with large tubes.

The leading journals both of this country and of England have placed the credit where it belongs, and even Sir Henry himself has finally yielded to the inevitable. This is an American invention, and one which cannot fail to promote the prestige of Boston and the Massachusetts General Hospital as sources from which so many surgical innovations have emanated.

THE TREATMENT OF FRACTURE OF THE LOWER END OF THE RADIUS.

BY R. J. LEVIS, M.D., PHILADELPHIA.

The primary line of separation in the characteristic fracture of the carpal end of the radius is, with little tendency to deviation, *transverse* in its direction. Associated and secondary lines of fracture are generally those of comminution of the lower fragment, and are caused by the angular edge of compact tissue on the posterior aspect of the superior fragment being driven into the lower fragment and splitting it, usually in directions towards its articular surface. The displacement of the lower fragment is towards the dorsal aspect of the forearm, its articular surface being inclined so as to be abnormally presented backwards and upwards.

The mechanism of the fracture is simple. By a fall the weight of the body is suddenly thrown upon the hand, which undergoes extreme extension. If the force be sufficiently great, a fracture of the radius ensues, being caused by an act of leverage, or *transverse strain*. This direction of force has also been termed *cross-breaking strain*. Displacement of the fragments may not take place at all, or it may exist to the extent of complete separation of the surfaces from each other, the de-

formity varying with the force applied and the retarding influence of surrounding structures.

In reviewing the principles of treatment, the first essential is the *complete reduction of the displacement*. This is necessarily directed to the lower fragment. The reduction can usually be effected under the influence of ether by *strong extension applied to the hand, associated with forced flexion of the wrist*. The return of the deformity may be prevented by maintaining partial flexion of the wrist by a suitable splint, a pad being placed upon the dorsal surface of the fragment to retain it in place. This will accomplish the result, except where vertical splitting or extensive comminution of the fragment is present.

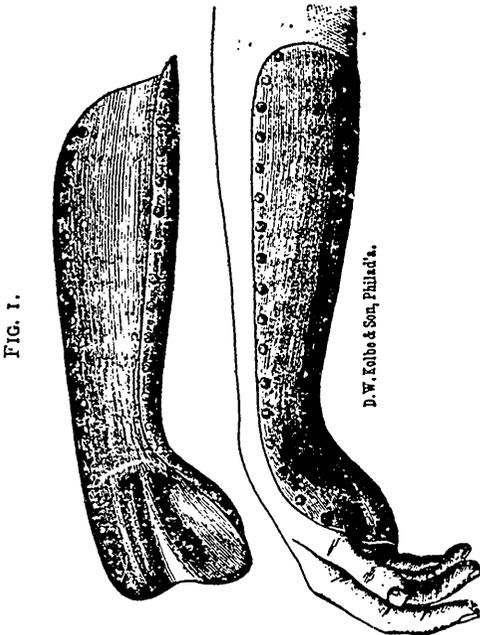


FIG. 1.

Splint for fracture of the lower end of the radius.

In order to fulfil the indications for treatment splints of various kinds have been devised, but some of those in general use ignore the anatomical relations of the part, and hence often fail in obtaining a satisfactory result in the treatment of the fracture. In applying a splint it is essential that proper allowance should be made for the curvature of the lower portion of the radius, the concavity of which is on the anterior or palmar aspect of the bone. In the splint which I have devised and herewith present to the society, it will be noticed that this curvature is regarded, insuring the fitting of the dressing to the fore-arm. The fixing of the thenar and hypothenar eminences of the hand in their moulded beds maintains the splint immovably in its correct position with reference to the radial curve. The splint is made of copper, which is readily bent to suit the peculiarities of size and form in individual cases. A series of elevations or

semi-punctures is placed along the edge, so as to keep the bandage from slipping. The surface of the metal is tinned, so as to prevent chemical change or rust.

As a lining to the splint when applied, a piece of woven lint or of cotton or woollen flannel is, as a rule, all that is necessary. No dorsal splint is needed, but the small compress already mentioned is placed on the lower fragment to prevent it slipping upwards and backwards. The splint is retained in place by an ordinary two and a half to three inch roller bandage.

This splint, being easily adapted to peculiarities of shape of the fore-arm, has the positive merit of being applicable to all cases of fracture of the lower end of the radius, and also to many other injuries in the neighborhood of the wrist-joint. It is almost indestructible, and as now supplied is quite inexpensive. It can be obtained by addressing any of the leading surgical instrument makers.

A CASE OF EMPYEMA IN WHICH PORTIONS OF THE RIBS WERE EXCISED.

Dr. F. Taylor read for himself and Mr. H. G. Howse a paper on this case, before the Clinical Society of London. The patient, a child aged 6, was admitted into the Evelina Hospital in January 1877, with a history of acute pleurisy eleven weeks previously. The left chest was shrunken, and dull on percussion posteriorly, with deficient breath-sounds, and some crepitation at the base in front. The temperature at first was nearly normal; but, after a time it fluctuated considerably, often rising in the evening to 103° Fahr. As this continued, and the physical signs were confined to the base of the left chest, this was explored on April 16th, and pus was found. The chest was then incised, and about ten ounces of pus were discharged. Tubes were inserted, and the chest washed out daily. On May 20th, a counter-opening had to be made; but, by the end of June, very little real progress had been made, as the sinuses rapidly closed, and thus the pus secreted was retained. On July 2nd, Mr. Howse made a T shaped incision through the skin round the existing aperture, and, after separating the periosteum, removed with the bone-forceps portions of the seventh, eighth, and ninth ribs. Each portion was about an inch and a half long. The thickened pleura was then cut through from the sinus, and two draining-tubes were inserted. The immediate improvement was decided; but the wound rapidly filled up, and in a short time the sinus was reduced to a channel no larger than it was previously to the operation. From this time nothing further was done by operation. The pus, continued to be secreted, and its retention was quickly followed by hectic symptoms. Albuminuria was discovered in

September, 1877, two months after the operation; anasarca developed later, and there was frequent diarrhoea; so that she sank from the internal complications in October, 1878. At the *post mortem* examination, the empyema was found to occupy chiefly the posterior part of the chest, reaching from base to apex. The lung was airless, except at the apex. There was no tubercle. The sixth, seventh, and eighth ribs were united by bony bridges. The liver, kidneys, and intestines were lardaceous, and there was recent acute peritonitis. The operation performed in this case permitted more falling in of the chest than would have otherwise taken place, but did not facilitate the drainage so much as was desired. This was due to the rapid development of granulations and bone which took place after the operation, the opening being quickly reduced to a narrow sinus. In another case, it would probably be advisable to remove the periosteal tissue much more freely, even if it necessitated also the removal of the thickened pleura. The large opening thus obtained would also allow more complete exploration of the smaller cavities, apparently distinct from the main cavity, such as were found in this case at the time of the operation. Dr. Powell said he had now a patient under his care where something of the kind must be done. Would not gouging away a portion of the rib, so allowing a kind of bed for the canula, be equally satisfactory? Dr. F. Taylor said their object was to prevent closure of the opening, and, if possible, to aid in the falling in of the ribs. Gouging, he thought, might fail, as this plan had done. Hence they did not repeat the operation, on account of the bad constitutional state. Mr. Howse thought gouging had little chance in such cases. The operation itself was easy enough.—*Brit. Med. Four.*

CÆSAREAN SECTION, WITH EXTIRPATION OF UTERUS AND OVARIES.

A Vienna correspondent of the *Boston Medical and Surgical Journal* says:—On Sunday, May 25th, I had the good fortune to see a case of Cæsaréan section with extirpation of the uterus and both ovaries, a description of which may be of interest to your readers. This operation, which originated in America, has lately been revived here, and is now well established, having been done, in all, twenty-two times, and seven times in Vienna alone. Professor Carl Braun has operated three times previous to the operation I am about to describe. One of the patients was in a very bad condition at the time of the operation, and died soon after, but the other two cases were successful. Professor Spaeth has operated twice. In one case, the patient was almost dead at the time of the operation, dying soon after, and a putrid child was

extracted. In the second case both mother and child were saved. Professor Gustav Braun has operated once, the mother dying, and the child being saved.

Professor Carl Braun performed his fourth operation at 10.40 p.m., May 25th, in the lecture room, about fifteen spectators being present. The patient is a dwarf, four feet in height, and is twenty-five years old. She had rachitis when a child, and is frightfully deformed. She was raped by a drunken man, thirty-six years old, last August, and had no difficulty during her pregnancy, coming to the hospital soon after labor pains began, and being in apparently excellent condition, with the exception of a slight attack of bronchitis. The abdomen was very large, the child being apparently of full size. The head presented, but was freely movable above the brim of the pelvis. The pelvis was of the rachitic type, with an antero-posterior diameter of two inches. The operation was performed soon after the beginning of labor, by Professor Carl Braun, assisted by Professor Gustav Braun, and other gentlemen.

The patient was narcotized with a mixture of ether and chloroform, which is in general use here, the abdomen washed with carbolic acid and water, the pubes shaved, and the catheter introduced. The membranes had ruptured spontaneously about half an hour previously. An atomizer with a solution of thymol stood in the room, but the stream was not directed over the abdomen. The incision was made from the umbilicus downward within three inches of the symphysis, in the linea alba, and carefully deepened until the peritoneal cavity was opened. The arteries, two small branches, were secured by torsion, and then a probe-pointed bistoury was introduced, and the incision prolonged upward and to the left one and a half inches. The uterus was thus exposed, and was pushed forward by an assistant, so that its anterior surface protruded through the abdominal wound, and an incision being made with a scalpel, a probe-pointed bistoury was introduced, and the incision prolonged to about four inches. The gush of blood which followed was prevented from entering the abdominal cavity by the forward position of the uterus. The child was then extracted by the feet, and the placenta was torn off at the same time. The uterus was then grasped around the vaginal portion and compressed, the bleeding being controlled in this way until the chain of Billroth's ecraseur was adjusted. This was so applied as to inclose the uterus at the anatomical internal os, both ovaries thus being above the chain, and was strongly compressed. The uterus was then excised three-quarters of an inch above the chain, the ovaries being included in the excised mass. The stump of the uterus was then inclosed in a steel clamp, below the chain of the ecraseur, and, the latter being removed, the stump above the clamp was transfixed

with a long needle, with the idea of preventing the clamp from slipping when sloughing began. Two rubber drainage tubes were then inserted, and the edges of the abdominal wounds were brought together, the stump and clamp remaining outside. Silk sutures were used, being inserted over a flat sponge, and tied after the sponge was removed. The wound was dressed with a Lister's bandage, some preparation of tar being applied immediately over the wound. The whole operation took just an hour, and the patient rallied well, and seemed much comforted at the promise of a glass of brandy. The child was a large girl, and was in excellent condition.

The whole operation was exceedingly well done, and four days later the patient was doing well, and seemed in a fair way to recover, though the bronchitis caused some anxiety. The advantages of this operation are, first, that the patient is never exposed again to the danger of a similar operation, should she survive; secondly, that the bleeding is absolutely controlled after the extraction of the contents of the uterus; and, thirdly, that the danger of peritonitis is much lessened by avoiding uterine sutures, and secondary hemorrhage from the uterine wound, which was so often the case when uterine sutures were not employed.

The results of the Vienna cases are certainly very favourable, and so far seem to recommend a wider adoption of the operation.—ED.

SPEEDY CURE OF NASAL POLYPI.

Dr. Caro in the *Medical Record*, gives the following painless method of removing nasal polypi, never before made public by the originator:

Mr. G. M.—, æt. 60, ten years ago applied to me for relief from a soft polypus in the left nostril. I proposed evulsion; but not liking the proposition, he left, and I never heard of him until last May, when he returned with another polypus in the same nostril. I advised evulsion once more; he declined it again, and desired me to cure him the same way as did Dr. G. Ceccarini the first time (ten years ago). On inquiry, Dr. C. kindly answered: "The medicine which I use for removing nasal polypi is four or five drops of pure acetic acid injected with a hypodermic syringe within the body of the polypus once only, very seldom twice; the polypus generally drops off within three or five days without discomfort or pain. Disinfecting lotion will correct the offensive odor." With this information, on the 12th of August, in presence of my friend Dr. J. L. Little, I injected the polypus with six drops of chemically pure acetic acid, and instantly we saw the discoloration of it from red to white. Business preventing him from returning, I could not observe the daily progress; but when he called on September 2nd, he had only a small

portion of it yet adhering to the middle turbinated bone, the other having dropped off the fourth day after the injection; this remaining portion was injected with four drops of the same acid, and on the third day dropped off, leaving his nose clear, without sore or a vestige of it. Neither of the two operations were followed by any unpleasant symptoms, save a slight smarting from the pricking by the needle when the acid was injected. The offensive odor arising from the decaying mass was corrected by a weak carbolized wash. The long interval from the destruction of the first, and the appearance of the second—ten years between—precludes the possibility of this last being a portion of the first, but a new one.

MEDICAL RECEPTIONS.—The old saw, that all work and no play helps to make the subject of that condition a dull boy, has a striking application to members of our profession. At best, our calling is an exacting and tiresome one, and its followers need something to offset a more or less continuous mental strain. We are glad to see that the old notion that the physician must be different from other men, is fast passing away. On the contrary, some of our best workers are those who seem to enjoy life the most. They are to be seen at the opera, the theatre, the concert hall, and at the fashionable receptions, with a regularity that would surprise the man who says he never has time to do anything but strictly professional business. The secret of the whole matter is, that some amusement gives in the end a better capacity for real work, when the latter is necessary. It is a promising sign that such amusements are beginning to be common among medical men. Medical receptions are becoming quite frequent, and their enjoyable character is likely to make them still more popular. Aside from showing honor to distinguished strangers, we know of no means better calculated to edify the man medical as a social being, and to give him a closer sympathy with his medical brother, than the receptions to which we allude. On such occasions the individuals meet on the common ground of enjoyable sociability, and lose sight of mere differences of opinion in a common desire to be happy themselves, and agreeable to their companions. Already the receptions which have been recently held are beginning to bear good fruit, transforming apparent strangers into congenial associates, and in creating a better understanding with all as to the true relation which professional gentlemen should bear to each other. We have a slight suspicion that the expression, "the more the merrier," will not be considered original with us, but it is nevertheless applicable to the occasion.—(*N. Y. Med. Record*),

CHANGING PHYSICIANS.—The *Medical Record*

in an article on "Consultations" in a recent number says: "The patient has a right to change his physician if he so pleases, and, having notified him to that effect (after having, of course, paid the bill), is under no more obligations to him. Any physician who would refuse to accept such a case would manifest a species of transcendental fastidiousness that could hardly be appreciated by the most upright member of the Medico-Historical Society. It is another thing, however, when a gentleman is called after having, during the same illness, attended the case in consultation. Under such circumstances he is bound, in honor, invariably to decline having anything further to do with the case. As it is presumed that through the practitioner he became known to the family—that the same practitioner, perhaps, gave him his reputation—he must not in any manner supplant him. If the latter did not actually occur sometimes, it would appear almost like an insult to honorable men to refer to it as a possibility."

REMOVAL OF GLANDS OF AXILLA WITH TUMORS OF THE BREAST.—Lecturing at La Patie on a case of amputation of the breast, Prof. Verneuil observed that sometimes the indurated glands extend very far under the pectoralis, where it would be difficult, as in this case, to follow them. He therefore made at the anterior edge of the axilla a section of the pectoralis major by means of the linear écraseur, thus rendering the search for the glands much easier. In this way this thick muscle was divided without giving rise to any bleeding, and the search was easily pursued. These glands, excepting those situated at its outer border, are chiefly situated along the vessels, and especially along the axillary veins in the deeper-seated regions. It is especially in removing these deep-seated glands that we have to fear hemorrhage from the axillary vein—hemorrhage which is easily and rapidly produced on the slightest detachment of the glands, even when the use of a bistoury is abstained from. It is not the vein itself which is wounded, but every gland is connected with this by means of a short venous branch with a relatively large caliber. On detaching the glands by the fingers or a blunt instrument this vein of the ganglion becomes torn, and bleeding is produced, owing to the absence of valves, just as if the principal trunk were injured. It is impossible to find this little branch to tie it; and the ligature of the axillary vein should be practised at two points, as bleeding takes place at both ends of the divided vessel. Difficult as this proved in this case, it would have been infinitely more so if it had to be done under the great pectoral in a wound inundated with the blood. The operation is therefore greatly facilitated by the previous division of the muscle.

—*Gazette des Hôpitaux. (Med. News.)*

HOW TO STOP A COLD.—Horace Dobell, in his

little work on "Coughs, Colds, and Consumption," gives the following plan for stopping a cold. If employed sufficiently early it is said to be almost infallible: 1. Give five grains of sesquicarb. of ammonia and five minims of liquor morphine in an ounce of almond emulsion every three hours. 2. At night give ʒ iss of liq. ammon. acetatis in a tumbler of cold water, after the patient has got into bed and been covered with several extra blankets. Cold water should be drunk freely during the night should the patient be thirsty. 3. In the morning the extra blankets should be removed, so as to allow the skin to cool down before getting up. 4. Let him get up as usual and take his usual diet, but continue the ammonia and morphia mixture every four hours. 5. At bed time the second night give a compound colocynth pill. No more than twelve doses of the mixture from the first to the last need be taken as a rule; but should the catarrh seem disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for a day or two.—*London Medical Record, Aug. 15, 1879.*

CARCINOMA OF THE STOMACH.—The following on the treatment of cancer of the stomach is from a "Treatise on the Practice of Medicine," by Prof. Robert Bartholow, which is announced for an early appearance:

"Although cancer of the stomach is incurable, much may be done by treatment to render the patient's decline tolerable. The first and most important point is to regulate the diet. By the withdrawal of solid food, and the substitution of milk alone, or milk and beef-juice, the greatest relief is afforded, and for a time there may be a gain in weight, but of course this is not long maintained. If the diet is restricted to the articles mentioned, it should be supplemented by that important means of rectal alimentation, the injection of defibrinated blood. The burning pain is much diminished by washing out the stomach once a day with the stomach-pump, especially in dilatation from stenosis of the pylorus. By removing acrid acid matters in this way, much straining efforts at vomiting will be saved.

Of all the remedial measures proposed there is no prescription which is so generally useful in these cases as equal parts of pure carbolic acid and tincture of iodine, of which one or two drops may be administered in water three times a day. For the vomiting only, a solution in cherry-laurel water of carbolic acid, or a combination of carbolic acid with bismuth in an emulsion, will be found effective. Nitro-glycerine, benzine, and bisulphate of carbon have been used, with advantage, to allay nausea and vomiting. The most effective means

to allay pain is the hypodermic injection of morphia. The stomachial administration of the same agent is inefficient, owing to the diminished absorption power of the organ. Laudanum by enema, morphia in the form of suppository, or the endermic use of morphia, are preferable to the stomach administration. Great care is necessary in the prescription of anodynes, for the need grows rapidly, and the consumption becomes enormous, reducing the patient to a mental and moral weakness dreadful to contemplate.

Arsenic, in the form of Fowler's solution, one or two drops, three times a day, has considerable power to allay pain, and is not without influence in retarding the growth of epithelial cancer. As respects the power to relieve pain, the physiological basis for its employment is the action of arsenic, in toxic doses, on the nervous system of animal life. It has been repeatedly observed that sometimes, in large doses, no vomiting was produced, but coma and insensibility followed. A great many facts have now been accumulated, proving that cancer of epithelial origin may be greatly retarded in its growth by the persistent use of moderate doses—two drops of Fowler's solution *ter in die*.

The author's considerable experience in the treatment of carcinoma of the stomach warrants the statement that the best results are obtained by the persistent use of carbolic acid and iodine, in the form advised above, and of arsenic, in the form of Fowler's solution. It may not be needless to observe that these agents should not be given in one prescription—the carbolic acid and iodine together, the Fowler's solution at another time.—*N. Y. Medical Journal*.

INTRA-UTERINE MEDICATION.—Dr. Wallace (*Med. Press and Circular*), says:—I have found the following simple arrangement for intra-uterine medication answer very well: Cut the end off a flexible No. 10 catheter, pass the wire stilette through it, and make a knob on the end of it with wax and cotton wool, which will just cover the end of the catheter; then push up the stilette about an inch and a-half, roll cotton wool round it, and dip it in the solution to be applied (carbolic acid and iodine is excellent), and draw it within the catheter so that the knob just covers the end, give it a bend like a uterine sound, and pass it up to the fundus of the uterus; then draw the catheter down the wire. This, of course, brings the medicated cotton wool in contact with the uterus through its whole length. After leaving it in for a minute or two, it can be withdrawn. The speculum is not needed. The main recommendation of this arrangement is that it saves the cost of a 20s. or 25s. instrument, an important matter in these times.

DISLOCATION OF THE FEMUR ON THE DORSUM ILII IN A CHILD FOUR YEARS OLD.—The following

interesting case is reported by Dr. Thompson, of Onondaga, Ont., in the *Hospital Gazette*:—On the 10th of June, 1879, Kate Isaac, an Indian child, aged four years, living with her parents on the Tuscarora Reserve, Ontario, Canada, fell from a wagon and injured her hip. Dr. Dee, the medical officer, to the Six Nation Indians, and an old pupil of yours, was called to visit the child on the evening of the 11th. He at once diagnosed it as a case of dislocation of the left femur on the dorsum ilii. Preferring to have assistance before attempting reduction, he called on me very early on the morning of the 12th, when I accompanied Dr. Dee to the home of the little patient. It was a well marked case of dislocation on the dorsum ilii. Dr. Dee having administered chloroform, I reduced the dislocation in less than three minutes by Bigelow's method. The bone resuming its place with an audible click which was heard by all in the room. The child was soon able to walk about, and is now as well as if the accident had never happened.

MEDICAL STUDENTS' HYSTERIA.—During the fortnight following the death of the late Napoleon, Sir James Paget was consulted for stone in the bladder, by no less than four gentlemen who had nothing the matter with them. This leads me to speak of a form of hysteria which is frequent in males, and perhaps more so in our own profession than in any other class of people. How many students are there of one year's standing or more in this hospital or any other who have not imagined that they were the victims of some fatal disease. I myself, when a student, was convinced that I had both heart disease and phthisis. . . . Scores of students consult yearly their medical preceptors for complaints of which they have not the first symptom.—*Mr. P. Horrocks*.

DIPSOMANIA.—Charles Napier, an English scientist, says that dipsomania is relatively under control when a farinaceous diet is employed. Among the articles which are specified as antagonistic to alcohol, are macaroni, haricot beans, dried peas and lentils, well boiled and seasoned with butter or olive oil. He claims that the carbon thus ingested renders unnecessary, and therefore repels, the carbon in the alcoholic beverages. He also states that confirmed drunkards, and those brought to death's door by their habits, have been fully cured by a proper farinaceous regimen.

TREATMENT OF PROLAPSUS ANI.—Dr. Vidal recommends injection of a solution of ergotin for this purpose. The *Paris Medical* mentions three cases in which this method was employed. In one of these the prolapse, which had existed for eight years, yielded to the treatment in three months. In two other instances the cure was much more

rapid. At the present time there is a woman under observation at St. Louis, who has been almost entirely cured by three injections. The contractions produced by the introduction of ergotin extend, as a rule, to the bladder, and give rise to spasms and dysuria.—*Lancet*.

"PRURITUS PUDENDI."—Dr. Andrew J. B. Jenner, of Detroit, writes:—"Experience has taught me that men of a nervous, bilious temperament frequently suffer from itching of the scrotum—and women, of the same temperament, from itching of the pudenda. There is no eruption in either case. Scratching the parts, however, produces such an exquisitely voluptuous sensation, and so intensifies the itching, that continued scratching frequently abrades and excoriates the parts. Such pruritus is not a disease of itself, but merely a symptom of *hyperæsthesia* of the local cutaneous nerves caused by the permeation of *uric acid* or *bile*. Such cases are invariably relieved by the *internal* use of the tincture of aconite. In severe cases the same remedy may be applied *externally*. The following prescription will, in most cases, suffice: R. Tr. aconiti rad., ʒ j; ex. aquæ, ʒ xij. Cujus cochleare unum magnum ter quaterve in die sumendum."

The following, from a clinical lecture on Idiopathic Pruritus, by Prof. Thompson, M.D., of the Medical Department of the University of the city of New York, and published in the *N. Y. Medical Journal* for the current month, is also of interest in this connection:

"This young man, as you will remember, was before us a week ago, when we found that he was suffering from that troublesome affection known as pruritus. Concerning the latter I should like a few further remarks to-day. In true pruritus no pathological changes whatever can be discovered in the skin—not even with the microscope—except such as may be due to the mechanical irritation of scratching. It is to be regarded as a sensori-nervous disease, and this nervous element it is very important to find out. Sometimes, however, pruritus is unquestionably due to some blood disease in the system. Thus it occurs not infrequently in Bright's disease. Its connection with the ordinary forms of jaundice is well recognized, and sometimes it occurs in disease of the liver of malarial origin, where there is little or no jaundice. Here the blood is charged with excrementitious matters in the form of biliary salts, but there may be none of the coloring matter of the bile whatever in it. We can usually judge whether a pruritus is due to trouble of the liver or not by ascertaining whether there is a marked bitter taste in the mouth. If this is the case, we should direct our attention at once to that organ, if we expect to meet with any success in its treatment. After making an investigation of the case, we find that this patient is suffering neither from Bright's disease nor from disease of the liver.

There is one hypothesis more that must be taken into consideration before we set down the trouble as of purely nervous origin, and that is, that he may be the subject of diabetes mellitus. I have repeatedly found sugar in the urine in connection with pruritus, and especially pruritus vulvæ. Whenever you have a persistent case of pruritus vulvæ, you should always examine the urine for sugar; and, if you do not find it at one time, search for it again and again until you have demonstrated that there is no possibility of the patient having diabetes. Particularly should you persist in repeating these examinations if you find that the specific gravity of the urine is habitually high—say about 1.030. In diabetes it has been found that the itching of the skin and mucous membrane is due to the presence of a cryptogamic plant of the yeast family and the best remedy by far for it is the sulphite of soda, because it has the property of destroying this. It should be used in the proportion of about a drachm to the ounce of water. The various preparations of carbolic acid will also prove of service. I dwell especially upon the connection of pruritus with diabetes, because you may not have had your attention called to the fact. For a long time I was not aware of it myself; but every now and then I would meet with an extremely obstinate case of pruritus, where the patient had been from one physician to another, and tried a numberless variety of remedies, until there seemed but little hope of gaining any relief. In each of these I was finally led to suspect the presence of diabetes, from the fact that the patient was troubled with boils, which constitute one of the more or less characteristic phenomena of the affection. Nevertheless, therefore, you meet with a case of obstinate itching, associated with the formation of boils, you have grounds for the suspicion of diabetes.

But occasionally we find an instance of pruritus where no blood poisoning whatever can be detected. There is, then, pretty sure to be nerve-exhaustion; and this, by a process of exclusion, we have found to be the case here. For the past week the patient has been taking small doses of phosphoric acid, nitrate of silver, and corrosive sublimate, in addition to the syrup of the hypophosphites, and locally has made use of olive oil. To-day he reports that he feels better and stronger than he did, and that the itching has been somewhat relieved. I would suggest that the same treatment should be continued, and that he should now commence the use of cod liver oil, in emulsion, in addition to the other remedies.—*Mich. Med. News*.

EXTIRPATION OF THE PHARYNX.—At the recent Congress of German Surgeons in Berlin, Professor Lungenbeck stated that he had performed the operation of extirpation of the pharynx three times, and that he considered the operation justifiable, although his cases were unsuccessful.

The following are the steps of the operation: First of all, tracheotomy must be performed, and the canula of Trendelenberg introduced; then an incision is carried from the body of the lower jaw, midway between the symphysis and the angle, toward the greater cornu of the hyoid bone, and thence along the anterior border of the sternomastoid as far as the upper extremity of the tracheotomy incision. Next, the submaxillary gland must be removed, the lingual artery tied, the stylo-hyoid and the digastric muscles detached from the hyoid bone; the pharynx is then laid bare and can be dissected out, the larynx meanwhile being drawn to the opposite side.

The principal dangers to be apprehended are peri-oesophageal phlegmon extending into the mediastinum, and pneumonia from the introduction of foreign bodies in the air passages. At the same Congress, Professor Billroth stated that six weeks previously he had removed from a woman, aged forty-two years, *the pharynx, the cervical portion of the œsophagus, the larynx, a part of the trachea, and all the thyroid gland*, for a cancer of the pharynx, involving the posterior portion of the larynx.

He first performed a preventive tracheotomy, and nine days later proceeded to operate, after introducing the canula tampon of Trendelenberg. The incision was made along the anterior border of the sternomastoid. In the course of the operation, Professor Billroth found that the tumor extended much further than had been supposed, and as he advanced, step by step, he found himself compelled to remove successively all of the larynx except the epiglottis, the upper rings of the trachea, a large portion of the pharynx, the œsophagus as far as the sternum, and the whole of the thyroid body. An elastic tube was placed in the œsophagus for the introduction of aliment.

During the first four weeks the patient did well, the wound gradually contracting, and the elastic tube was then removed in the hope that the pharynx would unite with the lower portion of the œsophagus and form a permanent canal for the passage of food.

After the removal of the tube, however, deglutition was accompanied by suffocative attacks and vomiting, and the canal contracted, rendering the passage of bougies necessary. In the sixth week a false passage was made in the peri-oesophageal tissue. Pericarditis and death followed.

Kolaczek, of Breslau, removed a cancer of the posterior wall of the pharynx, by a supra-hyoidean pharyngotomy, eight weeks before the Congress met.

The patient was still living at the date of the report, and was nourished through a tube placed in the œsophageal fistula. Kœnig of Göttingen, and Gussenbauer, of Prague, have also removed cancers of the pharynx, and, like Langenbeck, lost

their patients through pneumonia due to the introduction of food into the lungs.

To avoid this danger, Thiersch has proposed the preliminary establishment of a gastric fistula.—*Le Progres Medical*, Aug. 30, 1879.—*Maryland Medical Journal*.

TREATMENT OF TINEA TONSURANS.—In a clinic, reported in the *Lancet* for November, 1879, Dr. Robert Liveing says:—

Nothing is easier to cure than tinea tonsurans of the trunk, or more difficult to deal with than the same disease when it is well established on the scalp. It is important that you should understand how the remedies in common use act. They may be conveniently divided into two classes—(1) Those which act by setting up sufficient inflammation in the skin to lead to the destruction of the disease; (2) Those of a milder kind, which act as antagonistic to the development of the Trichophyton tonsurans. To the former class belong such remedies as acetum cantharidis and strong acetic acid; to the latter belong sulphur ointment, the white precipitate ointment, and sulphurous acid lotion. Many remedies combine, as it were, these two properties; as, for example, chrysophanic acid ointment, iodine liniment, and strong carbolic glycerine. How are you to choose between all these and many other remedies? You must be guided by circumstances, and take into consideration both the age of your patient, and also the extent of the mischief. *Strong remedies are always contra-indicated in very young children*; a little tincture of iodine painted on twice a day, for a few days, followed by the use of the white precipitate ointment, is all that is necessary. In older children, stronger treatment must be used, but even then you must be guided in your choice by the extent of the mischief. It is very unwise to make a large sore place on the scalp, as it will very likely give you and your patient more trouble than the ringworm itself. If, however, the disease is in an early stage, and consists of one or two small circumscribed spots, your best plan is to cut the hair short all round the spots, and apply with a brush Coster's paste, acetum cantharidis, or iodine liniment. At this stage a few applications will sometime arrest the mischief. A single painting with pure carbolic acid is thoroughly effective, but is a strong remedy and gives some pain. Always bear in mind that it is very unwise to trust strong remedies to unskilled hands. When the disease extends over a large surface, you must be content with using milder measures—tincture of iodine of double strength, painted on every day, is a good and safe mode of treatment. This may be followed up by the use of the nitrate of mercury ointment, diluted according to circumstances, or an ointment containing the red and white precipitate of mercury (10 per cent). For many years I

have used, in certain cases, goa powder or chrysophanic acid ointment, (thirty grains to the ounce is usually strong enough), and I have found it a very effective remedy, but there are great drawbacks to its general use. First, it stains everything with which it comes in contact, and in the second place, we are uncertain as to the amount of inflammation it may set up; some children bear it well, while in others it produces so much irritation, swelling and discoloration of the skin, as to alarm those who use it. It must, therefore, be used with caution, and patients should be warned of its properties; nevertheless, I repeat, it is a very effective remedy.

Your success in the treatment of ringworm will depend on you choosing your remedies with judgment, being guided in your choice by the circumstances of the case, and always bearing in mind that you have to steer, as it were, between setting up too much inflammation, on the one hand, and not using sufficient strong means on the other. Whatever treatment, however, you adopt, you will meet with a certain number of cases that defy your best efforts, and that get well only, perhaps, after years of tedious care. As a rule, shaving the head is quite unnecessary, but the hair should be kept quite short. Skull-caps are best avoided, as liable to propagate the disease. With regard to epilation, which is so largely used in France as a mode of treatment, I do not find that it is often necessary; it is, however, occasionally useful. Take, for example, the case of a boy anxious to return to school, who has a patch of chronic tinea tonsurans. In this case the extraction of the diseased hairs will shorten the treatment required, and enable him to return to school cured somewhat sooner than would otherwise be possible. Lastly, most observers agree that ringworm is often associated with a generally unhealthy condition of the skin, which is badly nourished. Under these circumstances, tonics, such as iron and arsenic, are often useful. This is quite in accordance with the fact that many strictly local affections are influenced by general treatment.

DISTINCTIONS BETWEEN CROUP AND DIPHTHERIA.—That croup and diphtheria are distinct diseases, Dr. W. H. Day (*Medical Press and Circular*) maintains, and he points out the following distinction:—

We constantly meet with genuine croup, of an acute and local inflammatory character, leading to the well known false membrane in the trachea and larynx, as described by the old-fashioned authorities. It seems impossible that we can mistake this true croup (which we have been in the habit of meeting with all our lives) for the peculiar membranous inflammation of the trachea, sometimes seen in diphtheria. It is well to glance at some remarkable points of difference in the two affections,

1. True croup is prone to attack the healthiest children, and in districts where diphtheria does not prevail.

2. True croup is apt to come on very suddenly, and in cases of recovery the general health is rapidly re-established, as compared with diphtheria.

3. In diphtheritic croup the disease is of a well-marked character, and is always accompanied by great depression and nervous symptoms.

4. Croup is a local disease; diphtheria is a constitutional affection, in which the kidneys and intestines may be involved. Croup is neither infectious nor contagious; diphtheria is both.

5. The cases that recover from diphtheritic croup are few, and the convalescence is not only very slow and tedious, but the throat affection is usually preceded by a characteristic membrane on the palate, and the prostration is always great. Partial loss of voice, fetid breath, swollen neck and glands, diminution of muscular power, paralysis of the muscles of deglutition, and albuminuria, are common in diphtheria; but they are not witnessed in inflammatory croup.

6. Between croup and diphtheria there is also another very important diagnostic difference; diphtheria generally begins in the pharynx, croup in the larynx. The false membrane found in the larynx in cases of genuine croup, is quite different from the leathery or yellowish gray exudation found on the tonsils, in the larynx and bronchial tubes, in cases of diphtheria. The pathological differences between croup and diphtheria are open to further contrast. In the early stage of croup there is an increase in the vascularity of the affected membrane, as in severe catarrh, with a trifling amount of inflammatory exudation. This is succeeded by fibrillation of the exuded lymph which, with the new formed cellular elements, becomes transformed into the characteristic *false membrane*. Its consistence varies, being in some cases tough, in others soft and amorphous, and easily removed from the mucous membrane beneath. In the larynx and upper part of the trachea, where the inflammation is most acute, the exudation is croupal or membranous, and is very characteristic of true croup, but in the lowest part of the trachea and diverging bronchi there may be nothing more than a scanty superficial layer of mucus.

“It is difficult in many cases to draw any line of demarcation between the histological changes occurring in diphtheria and those of croup. In diphtheria, however, the submucous tissue usually becomes more extensively involved, so that the false membrane is much less readily removed. The circulation also often becomes so much interfered with that portions of the tissue lose their vitality, and large ash colored sloughs are formed, which, after removal, leave a considerable loss of substance.

7. If croup were identical with diphtheria, it seems to me that the operation of tracheotomy would rarely succeed; whereas it is often successful when false membrane has blocked up the tracheal tube, and has been removed from time to time after the operation.

CEREBRAL SYPHILIS.—Dr. L. E. Atkinson, of Baltimore, relates (*Virginia Medical Monthly*, Dec., 1879,) three interesting cases of cerebral disease of syphilitic origin. We have space for his conclusions only: It will be universally recognized that not one of the symptoms of brain disease, observed in these patients, presented a feature which could, in any special sense, be termed syphilitic, which could not, equally well, be produced by a non-syphilitic malady. At the same time, they show that widely different morbid conditions may arise from the same source, and that this source, probably more than any other in the pathology of these affections, is within the influence of our art. And it daily happens that their true nature remains unrecognized, and patients drift into suffering, helplessness, imbecility and death, when the timely and judicious administration of mercury and potassium, or sodium iodide, could have saved them to life and usefulness. And let it not be forgotten, that if we are to cure these patients, it must be while the *specific* processes are developing or in full activity—while the membrane is hyperæmic and beginning to thicken, the gumma forming, the artery narrowing—and not after the essential parts have been destroyed or crowded out by the unwelcome stranger. Usually, it is not difficult to recognize the presence of syphilis in these stages, in view of the curious combinations of symptoms displayed; and it is incumbent upon us not to be unmindful of the possibility of a syphilitic origin of any given case, so that timely advantage of a proper diagnosis may be taken. The treatment of cerebral syphilis, then, consists in the treatment of processes essentially syphilitic; and it must be kept in mind, that, apart from these, the results of syphilitic disease of the brain are identical with those of various other affections—they are the indelible traces of a battle that has, may be, long since been fought.—*Cin. Med. News.*

AN ILLUSTRIOUS VIVISECTOR.—Bologna has erected to the memory of the illustrious Galvani, the great discoverer of animal electricity, a monument in which he appears in the act of touching with two different metals the lumbar nerves of a vivisected frog. It will be remembered that it was accidentally, and in the course of a series of vivisections of frogs conducted for quite another purpose, that Galvani observed accidentally the twitching of the muscles of the limb of the frog as it swung backward and forward; and the bare sciatic nerve touching the metal, the first inkling came to him of the discovery of the form of electricity which is

known by his name, and out of which has sprung those great applications of electricity to industry and to science, such as the electric telegraph, with all the other applications of electricity to the purposes of life. The statue, which was publicly unveiled on Sunday in Bologna, stands as a living testimony to the truth which the Commissioners on the subject of the experiments on animals affirmed in their Parliamentary report, that vivisection is necessary, not only for the purpose of the immediate investigation of palpable problems in life, but also for the mere purpose of gaining new knowledge; for it was in the course of such an investigation that this illustrious discoverer first hit upon the clue which has led to perhaps the grandest series of researches and the most valuable results ever attained by any one scientific research.—*Brit. Med. Journal.*

M. PAUL BERT'S NEW METHOD OF ANÆSTHESIA.—M. Paul Bert's new method for producing anæsthesia—nitrous oxide used under pressure—has been introduced into the Paris hospitals. Last week, M. Léon Labbé performed seven surgical operations, of which the duration varied from five to thirty-two minutes, in the moveable chamber put up at the Lariboisière Hospital by Dr. Fontaine for the surgical and medical employment of compressed air. As in the operations already performed at the medico-pneumatic establishment in the Rue Chateaudun by M. Péan, the success of this new anæsthetic method was complete. On the 29th ult., M. Labbé removed a cancerous breast, the operation lasting for one hour and four minutes; this is the greatest success recorded up to the present time. Some days since, the same surgeon performed an operation in a private house into which the moveable chamber had been taken, removing a tumour of the breast which had grown again after having been operated on twice under chloroform. The patient had on both occasions suffered for forty-eight hours from the effects of the anæsthetic employed. On this occasion, however, there was no such inconvenience. Consciousness returned quickly, and there were no consecutive ill effects. MM. Labbé and Péan will continue to operate in M. Fontaine's moveable chamber at the Lariboisière and St. Louis Hospital.—*Brit. Med. Journal.*

WORK AND PLAY.—A recent writer has declared that there is no just discrimination between work and play except that of sentiment only. If life pursued its even tenor, there could be no question as to recreation after labor; the two would be identical. This, it is claimed, was true of that brilliant era of classic Greece, when man attained so nearly to the ideal, both of mind and body. In the occupation of the joyous Grecian there was no such thing as work or play, but only life.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

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TORONTO, FEBRUARY 1, 1880.

SYPHILIS AND MENTAL ALIENATION.

In the October number of the *Journal of Mental Science*, our talented fellow countryman, W. Julius Mickle, M.D., M.R.C.P., an honour graduate of Toronto University, and now medical superintendent of Grove Hall Asylum, Bow, London, has furnished a very instructive detail of cases of insanity, clearly traceable to syphilitic constitutional empoisonment. These cases all presented the peculiar mental phenomena so generally recognised as the distinguishing and special psychological symptoms of that intractable malady first described by French alienists under the designation of *paralysie generale*, but which is now, in Germany and America, usually called paresis.

The most valuable fact connected with Dr. Mickle's cases of mental alienation associated with syphilitic empoisonment, is that this form of paresis is not, as are its others, insusceptible of curative treatment; for Dr. Mickle's notes very convincingly prove, that under the specific line of treatment which is found successful in secondary or tertiary syphilis, the mental aberration recedes *pari passu*, with the physical disease. This is a most important fact, for though we are not aware that in this Province paresis has yet been often met with in association with syphilitic sequela, it is more than probable that its increasing incidence in our large American cities, and to some extent even in our own small ones, might, on closer scrutiny, be found traceable to this cause; and should this discovery be made, our asylum physicians will not fail to derive some ray of comfort from the knowledge that their therapeutic resources are not doomed to eternal failure, as they certainly heretofore have been; and they will regard with

warm gratitude the promulgator of so important a fact in the domain of psychiatry. On Dr. Mickle's professional acumen, and unswerving veracity, we are well aware implicit reliance may be placed. We regret that our space will not permit us to transcribe in full the illustrative cases presented by him. As regards the mental manifestations, let it suffice to say that they all perfectly harmonised with those usually met with in the spontaneous form of paresis, which have been so exactly depicted by all the late writers on insanity.

Dr. Mickle, having under his care about 400 invalided soldiers, has certainly an ample field for observation; and those who have had the pleasure of reading his valuable contributions to the literature of alienism during the last few years, will admit that he has been a most industrious and efficient worker. We may summarise his present observations by simply stating the medicinal treatment successfully pursued by him in these typical cases:

1st. An artillery soldier, age 29, of 10 $\frac{1}{2}$ years service. He said, "he was the Everlasting Son of the Most High," &c., &c. The fact of syphilitic complication having been discovered, the treatment adopted was as follows: ℞. Potassii iodidi grs. viii, Hydrarg. per-chloridi gr $\frac{1}{10}$, Ammon. carb. grs. iv. ter in die. This course was continued from his admission, 14th Jan. till 13th Feb., 1879, without any distrust of mercurialism. He gradually lost all his delusions, and was discharged recovered on 17th May. Dr. M. remarks—"That this was a case of syphilitic insanity was quite clear. *Intense syphilitic cranial pain*, ending in insomnia, stupor, and delirium, and this in mania gradually undergoing transformation into a form of monomania, and steady recovery under specific treatment—these were the chief phenomena."

We would call particular attention to the words above, placed by us in italics, as of most valuable diagnostic significance, for it has been our observation that ordinary, spontaneous paresis is seldom, if ever, characterised by *cranial*, or indeed by any other, pain. Its subjects are almost always gay, restless, and painless; and they invariably assert that their health never was better, or, to use their own stereotyped phrase, they are "first rate." Dr. M.'s two other cases were, with trivial deviations, treated similarly to the preceding, and with

like pleasing result. Cranial pains, which we have above noted as valuable diagnostic symptoms, were present, with other syphilitic indications.

PUBLIC HEALTH AND SANITARY REFORM.

An influential deputation of medical men and others including the Mayor of this city, waited upon the Attorney-General of Ontario a short time ago to urge upon the Government the necessity of establishing a Provincial Board of Health to promote the interests of sanitary science, and especially to aid in preventing the spread of contagious and infectious diseases. The draft of a Bill prepared by a committee was presented in which the duties of the Board were stated. The principal provisions were as follows:—

A Board, to be composed of seven members appointed by the Lieutenant-Governor in Council, and a health officer, who with two members of the Government should be *ex-officio* members of the same, was to be invested with the power of obtaining information from Local Boards, throughout the Province, in reference to the existence of infectious diseases, and to adopt prompt measures for the stamping out of such diseases, so as to prevent an increase in sickness or mortality. A secretary was to be appointed by the Board to compile and arrange the vital statistics and health reports, for discussion and publication, and to issue such regulations regarding the prevention of disease as might be approved of. One important feature was the advisory character of the Board with reference to the necessary legislation for enforcing sanitary measures for the protection of the public health, as well as the education of the public regarding sanitary reform generally. An annual appropriation of \$5,000 was asked for to enable the desired objects to be carried out. The Bill differed very little from those which have been sanctioned in so many of the states of the adjoining Republic. The deputation advanced statistics to show how beneficial the action of such Boards had been. Whenever they had been in operation for a reasonable length of time, the death-rate had been considerably reduced, especially from preventible causes. The beneficial effects of isolation hospitals was alluded to, and instances were given in which large

numbers of lives had been saved by this means. The saving to the country from the enforcing of sanitary regulations was also brought forward as an additional inducement to urge the Government to grant an appropriation to aid in promoting the public welfare. It appears, however, that the Government was not willing to grant the request of the deputation, however evident the benefits to be derived from such legislation might be. The Attorney-General in reply stated that "the chief obstacle to legislation in the matter was the question of the money appropriation which was asked for." He acknowledged that the public required to be educated regarding the matter, but thought that this end could be best attained by means of the press. It is difficult, however, to see how we are to obtain an accurate knowledge of the prevalence of contagious or infectious diseases, or the existence of insanitary conditions, unless some such measure receives the support of the Government. No intelligent person will deny the necessity for legislation regarding this matter, and we feel assured that the Government would not only have been able to pass such a measure without opposition, but it would have received the approval of the public generally.

We are glad to say, however, that there is a great probability of the Dominion Government taking some action in the matter. Last session a measure was introduced for the better collection of vital statistics, and we understand that it is proposed to pass an act, having this end in view, during the ensuing session.

The scheme for the registration of the prevalence of disease, to which we drew attention in the November number of the *Lancet* appears also to meet with public approval. The Canada Medical Association has presented a petition to the Dominion Government, asking for an appropriation for the purpose of collecting statistics on this point. We have received an outline of the scheme in which is shown, 1st. The information it is proposed to obtain; 2nd. The method by which it is to be obtained; 3rd. How it is to be utilized, and 4th. The benefits which will be derived from it. The method of obtaining the information required is very simple, and will entail very little labour. This is a point which will be appreciated by medical men, who, as a rule, prefer to avoid all unnecessary trouble.

A copy of the weekly returns can be kept for future reference.

From the data thus collected, it is proposed to prepare and issue fortnightly reports, containing information regarding the prevalence of disease in different localities. These reports are to be forwarded to all the Health officers, and other interested persons, and it is assumed that when it has been publicly proclaimed that an epidemic prevails in any locality, the authorities will take the necessary action to prevent its spread, "not only for the benefit of humanity, but for their own credit." In addition to the fortnightly reports, special reports are to be issued whenever an epidemic prevails. An annual report is to be prepared for the use of the Government, containing a disease chart of the country, diagrams of the course of special diseases, and a comparison between these returns and the Meteorological reports, in order to ascertain the influence of the weather on health.

We have not space to go more fully into the scheme; but since it meets with the support of the public, the profession and the press, we may feel assured that it will obtain the assistance of the Government, and be put into operation at once. That it is a matter of public interest there can be no doubt, and no one will dispute its necessity. It has always been admitted that mortality returns are very important; but, hitherto, few have recognized the value of statistics regarding the prevalence of disease. The relation between the two has been well illustrated by the Right Hon. Lyon Playfair, F.R.S., who said, that "registration of deaths represents the wrecks which strew the shore, while that of sickness would tell us of coming storms, and enable us to trim our vessels to meet them. Till we have such a system of disease-registration, public health cannot be administered with full intelligence."

RECIPROCITY IN MEDICAL REGISTRATION.

In another column will be found a letter from the President of the College of Physicians and Surgeons of Ontario, which requires more than a passing notice. We are sorry to trouble our readers with any further discussion of a subject which has

already been pretty well ventilated in these columns, but as there are one or two points which do not appear to be properly understood, we venture to return to the subject once more.

The President seems to think that we take every opportunity of writing "hard things" about the Council, and that both Judge Hagarty and the LANCET speak of the institution with "undue severity." While we most respectfully disclaim all intention of either speaking or writing with what may be termed undue severity, we cannot refrain from commenting from time to time, on the acts of the Council when they are of such a character as to call it forth. The Council has at times seemed so obstinate and so disposed to go headlong into difficulties, despite the advice and entreaties of some of its best friends, that it is not to be wondered at, if those friends should become a little disgusted and say things which may appear rather harsh. To give a few instances, we might refer to the continuance for years of the vicious system of appointing the examining board from among the members of the Council, in spite of the remonstrances of the LANCET and the profession; the illegal exclusion of a duly accredited representative of the Council, involving unnecessary and expensive litigation; the refusal to register a Canadian graduate with British qualifications and registered in the medical register of Great Britain, also involving great expense, all to no purpose; the passing of a by-law which they were told was *ultra vires*, and the attempt to enforce it, compelling practitioners registered in the medical register of Great Britain to pay a fee of four hundred dollars for registration in Ontario; a second attempt to prevent the registration in Ontario of practitioners with British qualifications, (Drs. Mallory and Skirving); the constant tinkering with the curriculum, and rules and regulations, until "confusion was worse confounded"—all this unnecessary and inexcusable blundering (chiefly caused by the manipulations of two or three members of the Council who arrogate to themselves the right to rule in everything), has done more to bring the Council into disrepute than all the "hard things" ever said by Judge Hagarty or the LANCET.

The reference by the President to the Law Society does not improve his position. Law and medicine are widely different; no practitioner of law in England could practice here until he had

read up the statutory law of Canada, so that he is obliged to spend a year in the study, and pass an examination before being admitted to practice. Besides, the Imperial Act respecting Barristers and Attorneys gives them no right, for obvious reasons, to practice in the colonies; while on the other hand the Imperial Act relating to medicine (which is cosmopolitan in its nature) gives practitioners the right to practice in any part of her Majesty's Dominions. The Imperial Act of 1858 (21 & 22 Vic. cap. 90,) which was in force at the time when the College of Physicians and Surgeons of Ontario was established, and when the Confederation Act was passed, gave to registered British practitioners the right to practice throughout the Queen's Dominions. The Imperial Act of 1868 (31 & 32 Vic. cap. 29,) relaxed the law in favor of the Colonies, by giving the colonial legislature power to enforce registration upon all registered British practitioners practicing in the Colonies, but did not otherwise interfere with the rights of those practitioners. The President speaks of the "galling inequality which may result" from the admission of registered practitioners from Great Britain, to practice in Ontario. We fail to see any inequality; the preliminary requirements and professional curriculum of the medical colleges in Great Britain are quite equal, if not superior to those of the Ontario Medical Council, and the examinations are by no means easy, as may be seen by the large numbers rejected at each sitting by the examining board. It is true that a person may be registered in the British medical register for a medical or surgical qualification alone, but the Parliamentary counsel of Great Britain has stated his opinion that registration in Ontario will not entitle the possessor of a surgical qualification to practice medicine, or the holder of a medical qualification to practice surgery, inasmuch as under section 31 of the Medical Act of 1858 he is only entitled to practice according to his qualification. Besides, the bill now pending in the British Parliament proposes to place this beyond dispute, by requiring a double qualification for registration. It also proposes that holders of Ontario qualifications entitling to practice here, shall be registered in the British Medical Register, and thus be able to practice under their Canadian diploma throughout Her Majesty's Dominions. The President of the British Medical Council has also expressed his determination to procure equal privileges for all who are equally deserving.

The Medical Council of Ontario seems to forget that its chief business is to raise the standard of medical education in Canada, and to protect the public against the pretensions of incompetent practitioners, and not to irritate and harass duly qualified British graduates who seek a home in the Colonies, or Canadians with British qualifications, who have spent longer time and larger sums of money than the majority of their brethren in Canada, in order to qualify themselves more effectually for the practice of their profession.

From its past actions, and from the tone of the President's letter, we cannot bring ourselves to believe that the Council really desires to obtain reciprocity in medical registration between Canada and the Mother Country, for such a policy as has been adopted can only tend to provoke a spirit of bitterness, and prompt to retaliation instead of reciprocity.

We regret very much that we have been obliged so frequently to differ from the views of the Council, and to appear to place ourselves in antagonism to that body, for, notwithstanding its shortcomings, it has done, and is doing, good service to the profession in Ontario, and we are desirous of upholding it to the utmost in what we believe to be right. We still have hopes that wiser counsels will prevail, and that with the infusion of new blood into the Council, and the removal of some of the firebrands, on whose shoulders may justly be laid many of its sins, it may enter on a new and brighter era, and that its future career may never be clouded with any serious difficulties.

HEALTHY EXERCISE FOR GIRLS.—An exchange says: "The present is a specially suitable time to urge upon parents, and managers of schools, the absolute necessity of regulated physical exercise for girls. With this, health will not be sacrificed, even by the claims of increased study. There is no fear that healthy exercise will make girls "unladylike." It is not so long ago as to be beyond the recollection of middle aged people, that there was a time when a certain amount of chronic illness was considered ladylike. To be obliged to lie down for part of every day, to be incapable of any but very slight muscular exertion, to be liable to fainting fits and hysterical attacks with any or with no sufficient cause,—all these were thought to be marks of delicacy then deemed proper to be

possessed by a lady. Fortunately this state of things has now passed away. Ladies who can walk well and enjoy their walks, and who are active, strong and healthful, are not uncommon among us, and healthiness is a standard largely recognized as one to be aimed at." One would almost believe, on looking out among the simpering misses and miserable weakly forms of our modern girls, that physical debility were even now at a premium, whereas let us see healthy, bouncing girls, with good digestion, hearty laugh, energetic and sprightly walk, and those who are never ill when they can help it, and then only for good reason. Such women we want to be the future mothers of our race, not miserable, dying, whining good-for-nothings, whose whole body, soul and spirit are as abnormal as possible.

ANOTHER "DELICATE" SURGICAL OPERATION.—"An interesting and delicate surgical operation was recently performed in Jarvis, Ontario," so says the local newspaper. The patient had a large collection of pus in "his left chest, compressing and destroying the left lung, and displacing the heart entirely to the right side. The only chance for life consisted in removing the fluid—an operation of great danger and frequently attended by instant death. On the 13th ult., Dr. Langrill with a newly invented instrument, called an aspirator, removed thirty-nine ounces, and on the 17th, thirty-seven ounces more. On the 24th he introduced a large tube, after which the matter drained away." Wonderful!! Yet the Dr. has "hopes of this man's recovery!"

The erudition of some of our country editors has frequently astonished us. When their city brethren of the press attempt any writing of this sort, they are certain to bungle it, but not so with their confreres in the towns and villages. They appear to know the difference between the *right* and *left* chest; the effects of *compression* causing *displacement* and the like, quite as well as some of the members of our own craft.

INDIAN ROSE PAD.—A correspondent calls our attention to a most flagrant case of quackery by one who claims to be a member of the Royal College of Surgeons and Licentiate of the Apothecaries Hall, London, Eng. The person referred to as the manufacturer of the Indian rose pad—a remedy for "all the ills that flesh is heir to"—is Dr.

J. Young of Kingston, Ont., and believed to be the same person who formerly resided in Kinburn, Ont. It is much to be regretted if any regularly qualified medical practitioner has so far forgotten what is due to himself and the position he occupies as to be guilty of so flagrant and contemptible a piece of charlatany. We have called the attention of the authorities of the Royal College of Surgeons to the case, and we trust they will so deal with it, as to relieve the college from any further disgrace in connection with this matter.

PUBLIC PROSECUTOR.—Detective Smith, who has been instituting proceedings against unregistered practitioners in different parts of the Province, called upon us to day in reference to the letter signed "Fair Play," in last issue. He states that he is not employed by the Council to prosecute unregistered practitioners, but is acting upon his own responsibility; all that the Council has promised to do is to hand over to him the fines, which can only be collected in the name of that body. He also states that he visited the Eastern Counties, and fined several persons for practicing without a license, but as he was unable to collect the fines, he could not pay expenses, and had to give it up. He has done the best he could under the circumstances, and does not consider himself to blame in the matter.

ANOTHER IMPORTANT DECISION.—James Skirving, M.D., &c., of the County of Oxford, Ont., a duly registered British practitioner of medicine, was twice convicted before a Justice of the Peace for practicing medicine contrary to the Ontario Medical Act, and ordered each time to pay a fine of \$25 and costs. He appealed, and the case was argued before the Judge in the General Sessions of the Pleas, in the County of Oxford in June last. Both convictions were quashed with costs, and the Judge said he had come to that conclusion without any regret, as he thought the appellant (who had done his utmost to secure his rights to registration from the Ontario Medical Council) had been harshly dealt with.

WONDERFUL SURGICAL OPERATION.—We commend the following from the (*New Era*), Texas, to some of the medical practitioners in the country who are fond of writing up sensational items concerning "skilful operations" for the local press.

"A boy at Weatherford was suffering from an obstruction of the windpipe, from which he nearly died before his parents would suffer him to be operated upon. It was the intention of the attending physician to have operated before death, but he did not arrive in time. When he did come the operation was at once performed, and the boy resuscitated. He is now living and will recover." A doctor who can raise the dead ought to drive a fine trade in a State like Texas, where sudden demises are the rule.

HEAT A DESTROYER OF CONTAGION.—Bed, clothing and mattresses are best disinfected from the contagion of small-pox, diphtheria, and scarlet fever by a protracted exposure to a high degree of heat, in a properly constructed chamber, apartment, or oven. The virus or transmissible principle of scarlet fever is destroyed when subjected to a temperature of 203° F. for two hours. In this connection we note the following results of some experiments by a French physician. He took the underclothing worn by four children while sick with the scarlet fever, and after heating them, as stated, caused four of his own children to wear them for several days. None of the children contracted the disease.

THE ADVERTISING MEDICAL PRACTITIONER.—The following extract is from the third section of the Code of Medical Ethics, recommended by the American Medical Association, and adopted by the Canada Medical Association :

"It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand-bills, inviting the attention of individuals affected with particular diseases ; to publicly offer advice and medicine to the poor gratis ; to promise radical cures ; to *publish cases and operations in the daily prints, or suffer such publications to be made* ; to invite laymen to be present at operations ; to boast of cures and remedies ; to adduce certificates of skill and success ; or to perform any similar acts ; these are the ordinary practices of empirics, and are highly reprehensible in a regular physician."

CHLORINE WATER.—This may be extemporised for ready use as follows,—put 60 grains finely powdered chlorate of potash in a strong pint bottle, pour upon it two drachms of strong muriatic acid, close the mouth of the bottle until the violent effervescence ceases, add one ounce of water and shake well, add

another ounce and shake again, and so on until it is filled—keep in a dark place and tightly corked. One or two tablespoonfuls may be taken frequently according to age ; an adult may take a pint in 24 hours. This is not the chlorine water of the pharmacopæ, but is as good for medical use. It is used in scarlet fever, diphtheria, chronic affections of the lungs, throat, &c.

TREATMENT OF DIPHThERIA:—Dr. Frickeleton, of Fort Yale, B.C. (formerly of Ontario), gives the following treatment of Diphtheria, which has been very successful in his hands.

℞ Pot. chlor., ʒj.
Acid Hydrochlor., dil. ʒij.
Tr. Ferri. Mur. ʒiij.
Aque, ad. ʒ viij—M.

Sig.—A teaspoonful every three hours—No fluid to be taken with the medicine, nor within fifteen minutes after taking it. As an application to the throat in severe cases, he uses one part tincture of iron to two of the above mixture, applied with a swab. If the fever is very high he adds tincture of aconite to the mixture.

MILK AS AN ANTIDOTE TO LEAD POISONING.—A singular fact is given in the *Journal de Médecine* of the effect of the habitual use of milk in white lead works. In some French lead mills it was observed that, in a large working population, two men who drank much milk daily were not affected by lead. On the general use of milk throughout the works the occurrence of lead colic ceased. Each operator was given enough extra pay to buy a quart of milk a day. From 1868 to 1871 no cases of colic had appeared.

CARBOLIC ACID SPRAY IN COUGHS, ASTHMA AND CHRONIC CATARRH.—The inhalation of carbolic acid spray of a strength of 5 per cent. is now being used with advantage in coughs, bronchitis, &c. It is believed by some to be an absolute cure for all inflammations of the mucous membrane of the nose, throat and lungs, and produces the desired effect by being brought into direct contact with the parts affected.

MEDICAL BARONETS.—There are six baronets in the medical profession of London, Eng.,—Sir Wm. Gull, Sir Wm. Jenner, Sir J. paget, Sir Thos. Watson, Sir G. Burroughs, and Sir Henry Thomp-

Reports of Societies.

COUNTY OF OXFORD MEDICAL ASSOCIATION.

This body held its third annual meeting at Woodstock, Ont., commencing at 1 p.m., on Thursday, January 8th. The following members were present :

Drs. Williams, McKay, Scott and Walker, of Ingersoll ; Turquand, MacKay, Swan and Hill, of Woodstock ; Brown, Beachville ; Burkhart, Thamesford ; Clement, Innerkip ; Sutherland, Norwich ; Balmer, Princeton ; Secord, Bright. Dr. R. M. Bucke, Superintendent of the London Asylum, was also present.

The retiring President, Dr. Williams, read "The Annual Address, which was well received. The doctor reviewed the history of the Association, and referred at some length to the advantages flowing from such Associations, whether viewed socially or professionally.

A paper on the use of "Hot Water in Restraining Post Partum and other Hemorrhages," was read by Dr. L. W. Swan ; and another on "Eclampsia," by Dr. H. M. MacKay, both valuable contributions, eliciting interesting and instructive discussion.

The following officers were elected for the ensuing year : President, Dr. L. H. Swan ; Vice President, Dr. A. McKay ; 2nd Vice-President, Dr. W. Clement ; Secretary-Treasurer, Dr. H. M. MacKay.

At this stage of the proceedings it was announced that Mr. Warner, of Toronto, had kindly invited the Association to inspect the organ that he had just finished putting up in its place in the new Episcopal church. After some routine business, the meeting adjourned to meet at Ingersoll on the second Thursday in April.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

The annual meeting of the Hamilton Medical and Surgical Society was held on the 6th instant. There was a large attendance and considerable interest manifested. After routine business, the following were elected officers for 1880.

Dr. Malloch, President ; Dr. Locke, Vice-President ; Dr. Woolverton, Secretary-Treasurer, re-elected. A vote of thanks was tendered the Secretary and retiring officers.

Dr. Mills presented a full-time foetus, which at

birth made an effort to breathe, but "perished in the attempt." On examination, there was found a hernia of the diaphragm, permitting the greater bulk of the intestines to gravitate into the right chest cavity. A part of the liver was found almost separated by the constricting diaphragmatic band, also lying in the chest cavity. The other appearances were comparatively normal, except a condition of the hands, which were bent upon the wrist, similar to what is seen in club-foot.

Dr. Mullin then read a paper on "Malarial and Typhoid Fevers." He referred to the descriptions given by Flint and Aitkins, of simple continued fever, called also febricula, the temperature suddenly rising to 4°, 5°, or 7° above the normal, lasting 24 to 36 hours, and then generally falling rapidly, though in some cases the decline is more gradual, not attaining the normal for several days. He pointed out that malarious fevers corresponded with this in the sudden rise of the temperature, at the outset, and that the elevation was generally much higher on the 1st or 2nd day after the disease than is ever found at such an early stage in typhoid. He noticed the fact that sometimes in a case of intermittent fever, the intermission might not be well marked, and referred to a case falling under his observation, when for the first four days there was severe gastro-intestinal derangement, upon the control of which the intermittent form of the fever was apparent. The writer expressed his belief that remittent fever may have occurred in former times in this locality, when malarious influences were more potent, as it is now said to occur in some very malarious parts of the country ; but it is quite probable that cases of typhoid, running perhaps an irregular course, are often improperly designated bilious or remittent fever. He referred to the description given of remittent fever by various writers, who showed that this form of fever resulted from more intense malarial action and was consequently of more severe form than an intermittent, hence the forms of fever occurring in this locality, extending over a period of three weeks, and not attended with a high temperature, and but little influenced in their duration by quinine, could not be properly called remittent. He gave a brief account of several cases, some of which were isolated, others occurred in families, in which at the same time, cases of typhoid fever existed, attended with the usual complications.

He gave some particulars of one case, where the temperature at no time reached a high degree, and the case seemed to be progressing favorably, until at the end of the second week thrombosis occurred in the left femoral vein, followed in about ten days with the same in the right thigh, afterwards there was inflammation of both parotid glands, and the case ended fatally in the sixth week.

He pointed out that malarial fevers occurred to the greatest extent in the spring and summer months, while these forms of fever prevail from August to the close of the year, and that while cases of malarious fever are sometimes seen in which the temperature did not rise to a very high degree, these differed from the mild cases of typhoid, in being readily cut short by quinine. He also pointed out that typhoid fever, in some cases, ran a mild course for a time, and then presented some of the severe complications, cases sometimes ending fatally, when the patients, in the early part of the illness, visited the offices of physicians, under the impression that they were suffering from dumb ague.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The following is a resumé of the Society's proceedings during the year ending Oct., '79:—Meetings held during the year, 23; average attendance, 19; pathological specimens exhibited, 68; new members, 14.

The following papers were read before the Society during the year:

Dr. Hingston, "Inflamed Joints;" Dr. Roddick, "Cases Treated by the Thermo-cautery;" Dr. Ross, "Acute Spinal Paralysis;" Dr. Trenholme, "On the Hodge Pessary in Retroflected Uterus;" Dr. Hingston, "Excision of the Shoulder;" Dr. Kennedy, "Extra-Uterine Gestation;" Dr. Bessey, "Animal Vaccination;" Dr. Buller, "Eserine;" Dr. McConnell, "Ichthyosis Hystrix;" Dr. H. Howard, "Responsibility and Irresponsibility in Crime and Incanity;" Dr. Osler, "Two Cases of Rare Kidney Tumor;" Dr. Alloway, "Tracheotomy in Laryngeal Diphtheria;" Dr. Oakley, "Pneumonia;" Dr. F. W. Campbell, "Whooping-cough Treated by Quinine;" Dr. H. Howard, "Some Practical Remarks on the General Treatment of the Insane;" Dr. A. L. Smith, "Chorea;" Dr. Rodgers, "Softening of the Brain;" Dr. R. Macdonnell, "Three Cases of Malignant Disease;" Dr. Hingston, "Sewer Pois-

oning;" Dr. Osler, "Demonstrations of the Medical Anatomy of the Brain;" Dr. Finnie, "Chronic Ulcer of the Stomach;" Dr. Reddy, "Pneumonia followed by Embolism of the Right Femoral."

The President, Dr. Henry Howard, congratulated the Society upon the progress it had made during the past year, and said, "We have the right to hope that we will do more in the future. Let us be only true to ourselves and we have nothing to fear,—true to ourselves, 'and it must follow as the night the day we cannot then be false to any man.'"—*Can. Med. Record.*

MICHIGAN STATE BOARD OF HEALTH.

The regular quarterly meeting of this board was held in Lansing on Tuesday, October 14th, 1879, a full Board being present. Dr. Baker presented the request of the recorder of Caro, Tuscola county, that he visit and examine into the sanitary condition of the place, and the cause of the spread of diphtheria. The board ordered the secretary to comply with the request, if the village authorities pay the expenses of the trip, as the small appropriation made by the Legislature to the board is exhausted.

A communication from Dr. O. Marshall of Lansing, was read, relative to diphtheria in the township of DeWitt, Clinton county. A map accompanied this paper, showing the number of cases and the deaths at each house, and the order of occurrence of cases; the paper also showed the methods by which the disease was communicated from one person to another. He was able to trace such communication in nearly every case.

The secretary, Dr. Baker, read a report of a fatal case of acute glanders, reported by S. P. Duffield, M.D. A young man residing in Wayne county purchased a horse in Detroit, afflicted with glanders. The young man took the disease from the animal and died a horrible death. The secretary read a report of a similar case occurring in Troy, Oakland county, reported by Dr. J. A. Post. He also read an abstract of a paper on the subject of glanders, mentioning other cases which have been reported to the board. This paper embodied a description of the disease, the methods by which it is communicated, suggestions for its prevention by means of a prompt report of cases, the isolation of animals or persons afflicted, the destruction of animals, disinfection of surroundings etc.

Dr. J. H. Kellogg read a report on "Sanitary Protection Associations in Cities and Villages." He presented strong arguments for a sanitary association in every city and village in the State, which shall coöperate with the local boards of health, wherever possible, and secure action when they are inefficient.

SANITARY CONVENTIONS.—Drs. Hitchcock and Lyster, of the special committee, reported details of a plan for a sanitary convention on Jan. 7th, and 8th, at Detroit, and one at Grand Rapids during the month of February, 1880.

The following articles have been added to the exhibit in the office of the board, namely, an Ely sewer stench trap for use on street-corners, manufactured by A. Ely, 110 West Avenue, Rochester, N.Y.; a Parmenter's air-moistener, and a furnace air-moistener, manufactured by J. W. Parmenter, 15 Murray St., New York; and a sample of a new disinfectant called Little's soluble phenyle, for sale by T. W. Lawford, 10 S. Holliday St., Baltimore.

Dr. Lyster, special committee on proposed examinations by this board in sanitary science, reported a plan. Dr. Baker proposed some slight modifications, and the plan was adopted. It contemplates the examination and granting of certificates to such persons as sustain an examination showing them qualified to act as health officers. The first examination will be held in July next.

Books and Pamphlets.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES.—By Freeman J. Bumstead and W. Taylor. Fourth edition. Revised and enlarged. Philadelphia: Henry C. Lea. Toronto: Willing & Williamson.

We have perused this new edition of the most exhaustive work on the subject in our language, with great satisfaction, and feel desirous of presenting our subscribers with as extended an analysis of its valuable contents as our space will permit. The preface informs us that the reader will find rather a new work than an old one revised. Entirely new chapters have been written to include the contributions to our knowledge of venereal extension to tissues, which but a few years ago were supposed to be exempt from the ravages of the disease, *e. g.*, brain and nervous system. Containing 131 pages more than the last edition, with

a reduced size of type, the volume is estimated to contain about one-half more reading matter than its predecessor. An introductory chapter presents us with a comprehensive review of the history of venereal diseases, referring to the 15th chapter of Leviticus for evidence of the existence of gonorrhœa from the earliest times; to Hippocrates, Herodotus and Celsus for a description of it among the Greeks and Romans. An ulcer of the genitals identical with that now known as chancroid is described by nearly all the Greek, Latin and Arabian writers on medicine—but the opinions of some authors, especially Cazenave, that these were instances of primary syphilis and not chancroids, are inadmissible, as there is no clear record of the general symptoms of syphilis prior to the year 1494, when it first made its appearance in Italy among the soldiers of Charles VIII., King of France, who at the head of a large army took possession of the kingdom of Naples. Mutual recriminations occurred between the natives and the invaders respecting the origin of the malady, the French calling it the "Malade Naples," and the Italians ascribing its origin to the French, calling it the "French disease." Professor J. Jones, in an article in the *Medical and Surgical Journal* of New Orleans, June, 1878, endeavours to demonstrate its existence among the aborigines of this country from skeletons found in ancient burial places in Georgia, Tennessee, Mississippi and Louisiana the bones being thoroughly diseased, enlarged and thickened, medullary cavity completely obliterated, and surfaces eroded—not confined to tibial shafts, but unmistakable traces of periostitis, ostitis, caries, sclerosis and exostosis of bones of cranium, face, fibula, ulna, clavicle and sternum. Dr. Bumstead concludes the subject of the origin of syphilis in the words of Voltaire: "La verole est comme les beaux arts, on ignore quel en a été l'inventeur."

Part I. is devoted to gonorrhœa and its complications in males and females.

Part II. Chancroid—peculiarities dependent on seat, complicated with phagedena,—with syphilis,—simple and virulent bubo.

Part III. Syphilis—nature of—initial lesions of—special indications—induration of ganglia—state of the blood, cachexia—influence on constitution, on diseases in general. Secondary and tertiary affections, of nervous system, of muscles, bones,

hereditary syphilis, affections of placenta—treatment of syphilis, etc.

Dr. Bumstead's contributions to the literature of syphilis are so eminently practical and valuable to those who prefer facts to theories, so free from transcendental speculations and extravagant views, therefore adapted for every day practice, that in our desire to increase the number of practitioners who have enjoyed the perusal of his former editions, we place before our readers a more lengthened synopsis of this fourth edition than the limits of our journal warrant. A more useful work on the subject has never issued from the press of this continent. The paper and type are all that can be desired, the binding neat and substantial, and the illustrations, one hundred and thirty-eight in number, admirably executed.

THE AMERICAN CYCLOPEDIA OF DOMESTIC MEDICINE AND HOUSEHOLD SURGERY. By S. P. Ford, M. D., Norwood, Ont. Chicago: E. P. Kingsley & Co.

There is much to be said both for, and against the placing of books of this kind in the hands of the laity. The book before us, however, contains not the slightest tinge of quackery or charlatany; in fact the author has taken every opportunity to condemn such things in unqualified terms. The subjects touched upon are brought down to the most recent date, and are made to conform to the works of our standard scientific authors. The information given is of the most reliable character, and well calculated to convey valuable instruction to the masses. It is by far the best popular treatise of the kind ever offered to the public.

(1) **ADVICE TO A WIFE ON THE MANAGEMENT OF SOME OF THE COMPLAINTS INCIDENTAL TO PREGNANCY, LABOR AND SUCKLING.**—By P. H. Chavasse, F.R.C.S., Eng., Birmingham. Twelfth edition.

(2) **ADVICE TO A MOTHER ON THE MANAGEMENT OF CHILDREN.**—By the same author. Thirteenth edition. Toronto: Willing & Williamson.

These works have had an immense sale both in Europe and America. The reason of this is that they meet a real want, and contain an invaluable fund of useful information to every wife and mother. The Canadian edition by Messrs. Willing & Williamson cannot fail to have a large sale. Every woman who is a mother, or expects to be, should have one or both of these books.

THE CANADIAN ILLUSTRATED NEWS FOR 1880.—This journal is improving very fast and is well deserving of support by Canadians. The Canadian Portrait Gallery, now over three hundred, is a leading feature in the journal, and the only series of the kind attainable in Canada. The illustrations are well executed and the literary papers are all of a first class order. We commend this interesting and useful paper to our readers. We will supply it to subscribers of the LANCET for \$3 per annum; renewals \$3.50.

WE desire to call the attention of our readers to the advertisement of Mr. Shuttleworth to be found on another column. Mr. S. formerly occupied the position of lecturer on pharmacy in Victoria Medical College and has been the Editor of the Canadian Pharmaceutical Journal for the past twelve years. He intends to confine himself entirely to pharmaceutical products avoiding all nostrums, and has therefore strong claims upon the support of the medical profession which he merits and we have no doubt will receive.

BRITISH QUALIFICATIONS.—The following gentlemen have successfully passed the examination of the Royal College of Physicians, and were admitted licentiates of that body. Thos. H. Ashby, M.D., (Trinity College), F. S. Greenwood, M.D., and J. W. Wright, M.D., (McGill College).

CORONERS.—The following gentlemen have been appointed coroners for their respective districts. W. E. Smith, M.D., St. Thomas, Associate Coroner for the county of Elgin.

J. White, M.P., and E. O'Neil, M.D., of Hamilton, Associate Coroners for the city of Hamilton.

APPOINTMENTS.—Dr. McRae, has been appointed Medical Health Officer of the city of Ottawa.

Births, Marriages and Deaths.

In Chatham, on the 7th ult., A. E. Mallory, M.D., L.R.C.P., and L.R.C.S., Ed., of Warwick, to Fannie Q. Waddell, youngest daughter of the late John Waddell Esq., of Chatham.

In Kingston, on the 7th ult., J. McArthur, B.A. M.D., of London, Ont., to Augusta M., only daughter of C. Wright, Esq., Kingston.

At his residence, Maple Ont., on the 13th ult. Oliver Rupert, M.D., aged 44 years.

At Pugwash, N.S., on the 25th ult., Dr. Joseph Clarke, accidentally, from an overdose of carbolic acid.