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THE CANADA MEDICAL RECORD.

VOL. XIII.

MONTREAL, DECEMBER, 1884.

No. 3

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Original Communications.

NOTES ON TWO CASES OF LEAD POISONING.

By L. D. MIGNAULT, M.D.

Read before the Medico-Chirurgical Society of Montreal, December 12, 1884.

The above title will sufficiently explain that this paper is merely a brief record of two forms of this common affection which have come under my notice. The chief points of interest being to my mind in the extreme nature of the symptoms, and at the same time their ready yielding to therapeutic measures. The occurrence of lead poison and lead colic is by no means rare, but perhaps the sequences are not often met with in so marked a form as in the cases which I am about to relate.

Marie E. D., æt. 16, entered Hotel Dieu, May 1st, 1882. First saw her May 3rd.

She is a slender, emaciated girl, and complains of great debility, with colicky pains in the abdomen, and loss of appetite. At the same time she is unable to use either of her hands, even to dress herself, and they hang powerless at right angles whenever the arm is raised.

Upon examination there is a characteristic blue line along the gums, and tongue is heavily coated.

The extensor surface of the forearms, especially the right, is extremely wasted, in fact there is perfect flattening of the surface and no appearance of the usual fullness at the elbow, the atrophy resembling that of advanced cases of progressive muscular atrophy.

The flexor surfaces are also some wasted, as are also the muscles at the ball of the thumb.

On being told to seize any object with the fingers there is immediate flexion of the hand, and the fingers are thus prevented from closing upon the palm. As above stated, when the arm is raised, the wrist drop is most complete and characteristic, and the extensors are perfectly powerless to produce the slightest effect upon the hand.

Patient states that this present condition of affairs has lasted since Feb. 1st, when all symptoms were as perfectly characterized as at present.

Since then, and before that date, she has been under medical treatment, having been given iron and stimulating liniments to the arms, but all to no avail. These statements were borne out by inquiries among her relatives.

We had clearly here to deal with a case of *lead poisoning* of the most typical character, and I set myself to treat it accordingly.

I therefore prescribed laxatives, with 5 grains of pot iod. every four hours.

I at the same time applied galvanic electricity to the arms (app. goiffe), primary current.

At first and for one week the electric current seemed to have little or no effect, and no response was observed,—in fact the muscles were as insensible to the electricity as if the arm was lifeless. There was indeed degenerative re-action. Treatment continued all May. I state effects as noticed.

June 1st. There is now a marked effect; after a week the primary currents gave evidence of slight effect; the blue line is beginning to disappear, and the constipation is much relieved.

July 1st. Digestion and appetite perfect, and the muscles regaining power. The hands can be used to a certain extent. The effect of the current is most marked.

Discharged cured Aug. 31st. During this long period galvanism was used regularly, but tonics were given latterly. The patient was able long before her discharge to sew and make herself generally useful.

There are several curious points about this case: Firstly in its origin. This patient seems to have been poisoned by the use of certain pickles, all other sources of saturnism being excluded. A most careful enquiry eliminated any possibility of poisoning from the usual sources, as lead pipes, painting, etc. On being questioned, with a view of discovering if possible the source of the poisoning, she stated that she had eaten three times daily of certain prepared pickles, having been told to do so by a physician of her suburb as an appetizer.

She was positive that after a month of such diet she began to suffer from colic, constipation, and loss of appetite, and that soon after her hands began to grow weak, and her wrists to lose their power.

I have little doubt as to the origin of the *saturnism* in this case, for about the same time some of the same pickles gave rise to lead poisoning, and, upon being analysed, lead was found both in the pickles themselves and in the vinegar containing them. It is moreover a well known fact that acetate of lead is used in these condiments to impart freshness of color and other qualities.

Another interesting feature was the recovery of the case after so long a duration, and with such marked atrophy of the muscles. In looking over the ordinary text books we find it stated that such cases are generally hopeless as to prognosis, and indeed this case seemed in reality to be such, but, yielding as it did to therapeutic measures, was eminently calculated to encourage treatment in all cases, of whatever gravity.

The other case, Mde. B., æt. 30, admitted June 15th, 1882.

Has all symptoms of lead poisoning for 9 months.

At present there is a marked atrophy of the muscles of the posterior surface of the forearm, especially of the right side. She suffers moreover from great emotional troubles, being very despondent and spending most of her time in tears.

This case, under the usual eliminative treatment, rapidly improved and with galvanism was completely cured.

The peculiar feature was its similarity of causation with the other, this patient being also a great eater of pickles. At the same time her husband, who never partook of such articles of diet, was perfectly free from all such troubles.

Of the pathology of lead poisoning much may be said but little concluded. The digestive troubles are easily explained, but the palsy and other nervous symptoms are more difficult to locate. While it is certain that lead is found in most of the tissues in such cases, it is yet a question not only whether the muscles are the primary cause, but whether the trouble resides either in the peripheral nerves or in the anterior horns of grey matter. Dr. Wilhem Erle, of Leipsic, says: It appears indeed to be positively determined that the trouble is not situated primarily in the muscles, but is of neurotic origin; but whether the primary lesion must be sought for in the peripheral nerves (and in their motor fibres alone) or in the anterior gray columns of the spinal cord has not been definitely ascertained. The more recent observations which have shown a parenchymatous degeneration of the peripheral nerves, and negative appearances in the spinal cord favor the view of a peripheral lesion. Nevertheless I can not regard it as positively proven that the spinal cord is not primarily diseased. What can be proven by the *negative* results of examination with our present defective microscopical methods? *Gross* lesions cannot be looked for in a toxic process which usually recovers in a short time, and the *functions* of the anterior gray columns and their ganglion cells may be very markedly disturbed although no change can be demonstrated microscopically: And this disturbed function may produce degenerative atrophy of the peripheral nerves as readily as a primary affection of these tracts.

Society Proceedings.

OTTAWA DISTRICT MEDICAL SOCIETY.

The Annual Meeting was held in Ottawa on the 14th of November, when Dr. J. A. Grant delivered the annual address. After thanking the members for the mark of their confidence in again selecting him as President and his son as Secretary, he referred to the thirty years that he had practiced the profession in the city and the pleasantness that

had marked all his relations with fellow-practitioners. He upheld the good-will that should prevail in the profession and dwelt upon the value of societies as a means to this end, as well as for advancing professional knowledge—"Each Medical Society should be a centre of intellectual co-operation, comparing, strengthening, fortifying each new idea, each ray of light, which may be thrown on any obscure point, until it intensifies and grows so as to be worthy of the recognition of "science." He was pleased to notice the growing importance of societies throughout the Dominion and the respect they commended in transatlantic centres of learning, and enlarged upon the benefits to arise from co-operation, especially if each one was to form a collective investigation committee.

The remainder of the address reviewed recent advances in the departments of medicine, physiology, pathology and therapeutics, and pointed out many points that required solving. He referred to the prominence and importance of the minute bacteria, the uncertainty of their cause and effect and the problem of their *modus operandi*; and hoped that the result of investigations would continue to be practical and useful, as far as the arrest of disease was concerned. Continuing he pointed out the result of recent investigations which placed the lymphatic fluids along side of blood as a factor in promoting health or disease, and the value of many discoveries in connection with their constituents, particularly leucocytes and albumen. In the field of therapeutics how few of the remedies in use were the result of scientific induction or the outcome of physiological or pathological inquiry, but the non-reliability of materia is daily decreasing by the careful and patient study of philosophical and physiological facts.

In conclusion he pointed out how much original work there was to be accomplished in carrying out the lines of thought, and what a credit it would be to Canada if the profession here were to accomplish its share: "We have an intellectual activity of no low order, and with our native growth, schooled at home and abroad, in the most progressive centres of Great Britain and Europe, we naturally look for, and anticipate competitive scientific enquiry into the complex operations of a system, which has thus far tested the most acute observations in solving the problems of life."

Dr. Hill, after making some complimentary remark, said that Koch had made some wonderful

experiments as well as discoveries with regard to cholera. At present the death rate was about 50 per cent., which was that of older days, so its virulency had not been reduced. In former days he watched all cases of cholera without fear, but it was different with him now. He had noticed himself that the most rapidly fatal cases were those without vomiting or purging, the system collapsing at once. In 1832 we had it here, and so we ought to take sanitary precaution now. It would be well for the society to try anything new in treatment, as it had failed so far. Ice bags to the spine had been used, but it seemed to him the temperature was so low that this could only hasten the end. He then moved that the paper be published. Dr. Sutherland seconded the motion.

Dr. Sutherland proposed devoting a night to the discussion of sanitary matters, and that we have a conjoint meeting with the Board of Health. The city is in a bad state. The city engineer says that more now than twenty drains are properly trapped, and none of the house. The motion was seconded by Dr. Hill. Dr. Prevost consented to read the next medical paper.

Two new members were elected. Dr. Potts and Dr. F. Church, of Hull, P.Q.

Microscopical sections of tumors removed by some of the medical men were then shown.

DR. GRANT, Jr.

Sec. and Treas.

MONTREAL'S PROMINENT PHYSICIANS.

There are few cities of the size of Montreal to be found anywhere in which the medical profession, as a whole, stands so high, and where, in spite of local medical politics, there exists such universal good-feeling among them. This fact is an important one to society. No class of men, when in extensive practice, work harder, and none therefore requires a holiday more. Only think, three or four times every week, a busy Doctor is called out of his bed to attend to professional work. The period of disturbed rest may be only that required to drive a couple of miles—more or less—prescribe, and return. On the other hand, he may barely have retired, when his night bell rings out

its sharp summons, calling him to hours of waking and anxiety. To the best-natured Doctor in the world this is hardly a pleasant sound, especially if the day's work has made him limb and body sore. Has the reader never met, when on the way to business in the morning, some well-known Physician, wending his way homeward—his step slow, and his face wearied. While the rest of the world slept his mind has been active. He has perhaps heard every hour strike, since midnight, and night is so long. No one who has not sat by the side of suffering humanity can imagine how wearily the hours seem to pass, and how one longs for the sun to rise, and busy, bustling humanity once more set the world in motion. Hours of rest lost by a Physician are seldom regained. If he returns about the time his daily duty commences he goes to work just as if he had had his seven hours of refreshing sleep. Patients seldom think how difficult at times it is for a Physician to suppress a yawn, or keep his eye-lids from closing while listening to the unfolding of some thrice-told tale, and if perchance he fails, and sins, how ungenerous, to call him hard-hearted and unsympathetic. Winter is particularly a hard time for Doctors. Just fancy a night with the thermometer 15 below zero outside, with a sharp wind; inside 70 above zero, a difference of 85 degrees. A hardly pleasant kind of a night this on which to turn the Physician out of his warm bed. Again—a heavy snow storm is raging—the wind is travelling at 40 to 50 miles an hour and is cold and biting—not a pleasant companion to face—abroad, there is the sign of but one human being,—he who is in search of the Doctor—his foot prints in the deep snow mark the road he came. Tramp back both he and the Doctor must, for the streets are like the fields, level with unbroken snow, and no living creature is abroad save themselves. Many a night like this have our Montreal Physicians to meet. To those who toil thus—a good yearly holiday is due. Mind and body both require it, and the Montreal public cheerfully accord it. The *entente cordiale* which I have said exists induces, them willingly to attend the patients of absent friends—the attendance being as if made by the regular family Physician. I know of no other profession in which such generous treatment is accorded to its members, and no city in which it is more generously done than in our own fair city of Montreal. A brief sketch of a few of our leading medical men, may not prove uninteresting, so to the task,

First on the list stands :—

ROBERT PALMER HOWARD, M.D., L.R.C.S.E.

This gentleman has been about thirty-four years in practice. His first office was on McGill Street, near the corner of St. James St., and was very unpretentious. He has made three distinctive moves—as regard location,—First, to Bonaventure Street, then to Beaver Hall Hill, and lastly to the fine residence he at present occupies on Union Avenue. Almost from the time he began practice he has been connected with the Medical Faculty of McGill University—first as Demonstrator of Anatomy, and now, he occupies the position of Dean, and Professor of Practice of Medicine. He is a hard worker, and an enthusiast in his profession. Some think him stern, but those who hold this opinion do not know him, for beneath the professional air there is a genial soul, which enjoys the socialities of the world. His dinner parties, presided over by his amiable and accomplished wife, are said to be models of what such parties should be, and when the profession in Montreal are called upon to show their social side, he is always to the front. As a medical politician he can hardly, however, be called a success. He makes some good moves at times, but as a rule is apt to do too much, and herein lies his weakness. Take him all in all, however, he is a Physician of whom Montreal may well feel proud.

WILLIAM H. HINGSTON, M.D., L.R.C.S.E., D.C.L.

The manly, erect form of this gentleman is well known in the streets of Montreal. He is a good horseman, looks well in the saddle, and is a prominent member of the Montreal Hunt. For many years he had a large family practice, but of late has drifted almost entirely into Surgical work. He is a fine operator, and said to be a most excellent lecturer on clinical surgery—when he holds forth at the Hotel Dieu Hospital, of which institution he is one of the Surgeons. He was too long a bachelor, but is now a Benedict, with an excellent and charming wife. His social qualities are splendid, and no better chairman for a large public dinner party could be selected. He is a polished speaker—when put to the test, can round his sentences so that they sound well and read admirably. He has never taken a very active part in medical politics, and is hardly calculated to make a good politician. His course has perhaps therefore been

a wise one. He has a beautiful country residence, on the south shore of the St Lawrence, some thirteen miles from Montreal where he passes many of his summer evenings with his family. It is pleasant to see the Doctor at this charming spot, the centre of his happy circle, with professional restraint thrown aside, enjoying the rest such recreation gives. As a professional man his position could not be better, and he is well known to the leading medical men of the United States.

ROBERT CRAIK, M.D.

Of all the medical men in our city, none is more beloved by the profession than the man whose name heads this paragraph. When he was a Professor in McGill he was the idol of the students. Kind, generous, and open-hearted, he holds a warm place in the affections of those to whom he fills the position of Family Physician. With a proper amount of the professional air—so necessary some say—to ensure success, he can yet unbend, and as it were live once again his boyhood years. When in the company of his professional brethren, his opinion is always received with great respect. No man in the profession in Montreal is better suited to become their political leader, and at one time, it did seem as if the position would be his. But a variety of circumstances have induced him to retire from any active political work. This is I believe to be regretted, for his mind is peculiarly suited to the task. He is logical—therefore generally an able reasoner—and is honest, a trait that I believe is admirable in a medical politician. I am sure that his return to active political work would be hailed with delight by all his professional brethren; his subsequent selection to the position of premier, would only be a matter of a very short time. He has a very extensive practice, he yet however finds leisure to look after his model farm situated only a few miles from Montreal, where he has an excellent lot of blood horses. For several years his horses took an active part in the racing field but as he was seldom present when they ran his success was not great, and he has, I think, wisely turned his attention in another direction. After a hard day's work it is the Doctor's greatest pleasure to drive out to his farm, and inspect his splendid stock, and that they are splendid is admitted by all who have seen them.

DUNCAN C. MCCALLUM, M.D., M.R.C.S.E.

This gentleman, like many a Scotchman and Scotch Canadian has done before him, selected a

French Canadian lady, the daughter of a distinguished Judge—now deceased—for his wife. This fact has given him the entrée, to the best French Canadian Society in Montreal, and they have not been slow to appreciate his good qualities, and to many of them he occupies the position of Family Physician. I am of the opinion that he attends more leading French families—than does any French Physician in Montreal. He obtained his first introduction to this class when he became the assistant of the late Dr. Bruneau, which position he held for several years. That he turned it to such a good use proves that he possesses the characteristics of his race. The Doctor has also a large practice among the English-speaking people. He is under medium height, somewhat white-haired for his years, has a pleasant smile for all, and is generally considered good-natured. He was for years a Professor in McGill, and did good work there in his day. It is only a year since he retired, and the old students say they miss him, whom they somewhat familiarly used to style, "*Mickey Mac.*"

ROBERT GODFREY, M.D.

This gentleman is the only remaining link of the present generation with the past and is beloved by all. For forty years he has toiled at his profession, and the amount of good he has done during that time it is impossible to calculate. In figure above the average height, bald, with white fringe and pleasant features, he is the beau ideal of a gentlemanly Doctor. Long may Providence spare to us so good a man is my wish, echoed by hundreds of his patients.

GEORGE E. FENWICK, M.D.

This gentleman, who bears his years well, in spite of the chaffing of his friends at being the "late" Dr. Fenwick, is one of our prominent surgeons. He is a clear thinker—has good judgment—and operates well. Had he developed his specialty earlier in life he would doubtless have become a wealthy man. Competition in that line is, however, keen in Montreal, but my friend gets a good share of what is going. He is the essence of good nature, and is therefore liked by all. When he was Clinical Professor of Surgery at McGill he was considered a successful teacher. I think he made a mistake in leaving that chair, and taking Systematic Surgery. He does not shine as well in it as he did in the other, but still he *knows* what

he is teaching his students, and perhaps that is more than can be said of all professors in Medical Schools. Dr. Fenwick is Surgeon of the well-known Montreal Field Battery, and served with it during the two Fenian raids.

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P.
Lond.

This gentleman may be styled the leader of the Medical Opposition in Montreal. He was one of the organisers of the Medical Faculty of Bishop's College, was for twelve years its Registrar, and for two years has been its Dean. He possesses many qualities which peculiarly fit him for the position he occupies. He possesses an energy which enables him to accomplish an immense amount of work and in his vocabulary he knows no such word as fail. He is a capital organiser, a good speaker, and though at times he fights his opponents without gloves, giving some hard hits, he counts among his best personal friends his most bitter political enemies. He has an extensive practice, and is a general favorite with his patients. To his medical friends he is a marvel of work. For in addition to his College duties, and his city practice, and being the chief medical officer of the New York Life Insurance Co. in Canada, he finds time to take an active part in the social events of our city. He is a prominent officer and member of our Social and Dramatic Club. Like most men Dr. Campbell has hobbies. He is an enthusiastic salmon fisherman, and is president of a select club of five gentlemen who hold the fishing rights of the River Upsalquitch in N. B., as well as a considerable stretch on the famous River Restigouche. Dr. Campbell is also an enthusiastic military man. For twenty-three years he was medical officer of the Prince of Wales Rifles, but about a year ago was transferred to the Infantry School Corps—then organised by the Government, and now, therefore, holds the position of Surgeon in the Permanent Military Organization of the Country. He served with the Prince of Wales Rifles at Hemmingford and Durham, during the Fenian raid of 1866, and in 1870, during the raid of that year, was again with his regiment at Pigeon Hill and St. Johns. Perhaps the profession in Montreal owe him something in establishing the right of all to an annual holiday. Dr. Campbell is well known throughout the Dominion as its senior Medical Editor, being the Editor and Proprietor of the CANADA MEDICAL RECORD. He is a vigorous and ready writer.

THOMAS SIMPSON, M.D.

A good Physician and a good man. He graduated at McGill in 1854, but did not settle in Montreal till about twelve years ago, since which time his progress as a practitioner has been steadily upward. His disposition is quiet and unobtrusive, and perhaps it is to this fact that some things to which I think he was entitled have passed into other hands. His patients speak highly of his kind attentions, and his friends admire his many excellent traits of character. He is chief Medical Adviser in Canada to the Equitable Life of New York, and he is a member of the Medical Faculty of Bishop's College.

THOMAS G. RODDICK, M.D.

Graduated at McGill College in 1868, and came here from Harbor Grace, Newfoundland. His collegiate career was a very successful one, and success has attended him ever since. He is Professor of Clinical Surgery at McGill, and largely, if not entirely, devotes himself to Surgery. Dr. Roddick may justly be styled a universal favorite with his confreres—all of whom appreciate his largeness of heart, and the enthusiasm with which he enters into all schemes for the benefit of the Profession. His disposition is lively, and he makes a most pleasant travelling companion. When he forms one of a delegation from Montreal to meetings of the Canada Medical Association he is the life of the party, and his hearty joyous laugh is most contagious. No one can continue to be dull in his company, for his very presence seems sufficient to inspire a feeling of hilarity. Such a man should be like sunshine in a sick room. Long may my friend be his own old self, for a better I do not wish to meet. I had almost forgotten to say that Dr. Roddick is at present President of the Medico-Chirurgical Society of Montreal.

GEORGE ROSS, M.D.

Is also a graduate of McGill, and is now and has for some years been its Professor of Clinical Medicine. He began his medical career as a Surgeon on the Allan line of Steamships, continuing as such about six months. On retiring therefrom he became House Surgeon to the General Hospital, thence after a time into private practice. His *clientele* is numerous and influential. I think he has every reason to be satisfied with the way the world has used him, and I believe that he is. Dr. Ross is an excellent lecturer, and a fluent extem-

pore speaker, and fills most ably his clinical chair. I think, however, that he ought to make a determined effort to rid himself of the only drawback which attends his lecturing and public speaking. I refer to the efforts every few minutes at throat clearing. Remove this, and I would consider him a polished and *pleasant* speaker. He is the Senior Editor of the *Canada Medical and Surgical Journal*, and is a good writer.

THOMAS A. RODGERS, M.D.

I take him after my friend Roddick, for in disposition and many traits of character they are much alike. "Tom," as his intimate friends call him, has been a pronounced success, and it should be a proud satisfaction that this success is due to his own ability and energy. He commenced practice at Pt. St. Charles, in the midst of the Grand Trunk employes, and has built up a most extensive and lucrative practice. About a year ago, on the death of Dr. Scott, he was appointed Medical Officer of the Grand Trunk R. R., which position he now occupies. As I write I hear he intends removing his residence into the City proper. Dr. Rodgers has a good heart, and I have heard many a poor one, on the mention of his name, say "God bless him," to which I say, Amen. What better could I say for my friend.

ARTHUR A. BROWNE, M.D.

A perfect gentleman, both in looks and actions, and one who has quietly, and without fuss, built up a practice, of which there are not many better in our city. He has within a year or so succeeded Dr. McCallum in the Chair of Obstetrics at McGill. It is too soon to judge of his abilities as a Lecturer. I hope he will succeed, but a little more energy in this direction would make success certain. It does not follow because a man has been eminently successful as a practitioner that he will make a successful Lecturer. I do not say this to discourage, but simply that my friend may not lean too much on the former. Every one speaks highly of Dr. Browne, and I believe all said in his favor to be well deserved.

WILLIAM GARDNER, M.D.

Was for a number of years a Professor in Bishop's College; he subsequently accepted the same chair in McGill. For nearly two years he has devoted himself to the special department of Gynecology. Being supported in this move by the members of his Faculty, his success is certain. Dr.

Gardner is perhaps the neatest man in the profession in Montreal, so pronounced at one time that his friends feared he would be a bachelor all his life. But they were mistaken, for he has been married several years, and has an amiable and charming wife. His habits of preciseness and neatness are his characteristics still. They are admirable qualities, and I regret to see that so few of our medical men possess them.

E. H. TRENHOLME, M.D.

Is mentioned next, for although not an out-and-out specialist, yet he has devoted special attention to the subject of Gynecology. On this branch he is, I believe, better known abroad than is any other man in Canada. He is Professor of Gynecology in Bishop's College Faculty of Medicine, and is a fearless operator.

GEORGE WILKINS, M.D., M.R.C.S.E.

Was one of the original members of the Faculty of Medicine of Bishop's College, and continued connected with it for over twelve years; he is now a Professor in McGill. He is a graduate of Toronto University, and was for a considerable time a Surgeon on the Allan Line. Dr. Wilkins is a very hard worker, and has taken much pride in microscopic work. For many years he carried on experimental physiological work in his own house, for which purpose he had to keep on hand a considerable number of rabbits, white rats, and frogs, pleasant inmates truly to have in one's house.

He has obtained a large practice, and is a sound and judicious practitioner. He is not however an elegant lecturer—having a somewhat hesitating delivery.

JAMES PERRIGO, B.A., M.D., M.R.C.S.E.

Few medical men in our city have made more rapid strides towards professional success than Dr. Perrigo, who is now in possession of a large and lucrative practice. It must be a source of proud satisfaction to him to know that this success is due to his own unaided efforts. It is proof that he deserves it. Dr. Perrigo is fond of a good horse, and generally has one in front of him. He is also an enthusiastic hunter. Cariboo has been his favorite game, although the last two years he has gone in for woodcock and partridge. I would suggest that it is time my friend was looking after higher game, which might lead him in the Benedictine line. I do not admire, particularly, bachelor Doctors, especially those of fourteen years standing.

Dr. P. is an original member of Bishop's College Faculty of Medicine, and holds now the chair of Surgery. He is considered a successful lecturer. He is also the Medical Secretary of the Western Hospital, to which Institution he devotes much attention.

JAMES C. CAMERON, M.D., M.R.C.P.I.

This gentleman, whose residence is in Belmont Park, possesses one of the, if not *the*, nicest office in the city. He has a large practice, yet takes an active part in what may be termed Medical life. He has been a member of Bishop's College Faculty for some years, and this winter lectures for the first time on "obstetrics." So far as I can learn, he is an excellent lecturer. He is also a good speaker, and sets forth his arguments with logical precision. He takes an active interest in the Medico-Chirurgical Society, of which last year he was one of the office bearers. He married a few years ago, the only daughter of James Dakers, Esq. The mansion in which he resides is one of the finest and most beautiful in Montreal.

GEORGE W. MAJOR, M.D.

My friend Major is now a specialist, and a good one I believe. I think he is to be congratulated on both these points. On the first, because it enables him to get fees, which makes the good old-fashioned family doctor's teeth water, and on the second because some specialists are humbugs. Dr. Major was for the first thirteen years of his life a general practitioner, and such men are generally the best specialists. He is also a bachelor. It has often struck me how many Bachelor Doctors we have in Montreal. At one time it was thought a Doctor should be married, but, judging from the success which attends our Bachelor physicians, such is not the prevailing opinion now. Still a wife is a good possession for any man to have, and I don't think Doctors any exception to the rule.

RICHARD A. KENNEDY, M.D.

Dr. Kennedy is a most conscientious practitioner, and has attained a large measure of success. His patients with good reason place great reliance on his judgment. His friends regret that of late years his health has been such as to necessitate that he should husband it. From this cause he had this year to cease active work in the Medical Faculty of Bishop's College, with which he has been connected from its organization.

FRANK J. SHEPHERD, M.D., M.R.C.S.E.

This gentleman is, I understand, devoting himself largely to Surgical practice, and since his connection with the General Hospital, now nearly two years, has shown that he is well qualified for such work. His position at McGill, and his family connections are sure to assist in his elevation. His present position is more than good, with every prospect of much advancement.

G. E. ARMSTRONG, M.D.

This gentleman may be styled "a pronounced success." Already he has as much to attend to as one man can conveniently look after. Such a measure of success does not come to any man unless he deserves it. The inference is that Dr. Armstrong deserves it, and I believe he does. He has a clear head, and a steady hand, which latter makes him peculiarly suitable for a Surgeon. He is one of the Attending Physicians to the Western Hospital, and is Professor of Physiology in Bishop's College. His weakness is a good horse, and he does not mind changing his animal as often as once a month, if in the change he thinks he is getting a better one. To have a horse which requires to be mastered is a fascination to him.

C. ALBERT WOOD, M.D.

This gentleman is a graduate of Bishop's College, and although not more than eight years in practice is already one of the busiest men in the city. He may be styled what is known as a bright man. In the suburb of the city where he resides he finds time to take a leading part in everything which tends to the elevation and amusement of its people. My friend is still a Bachelor. From some of the amusements in which I have lately seen his name figuring I don't think he can remain long so, or his heart must be harder than steel.

J. B. McCONNELL, M.D.

A comparatively young man, giving good promise of ere long taking a leading position. His reputation of a Botanist is, I think, only excelled by one or two men in the Dominion. He is Professor of Materia Medica and Therapeutics in Bishop's College.

A. LAPHORN SMITH, B.A., M.D., M.R.C.S.E.

Dr. Smith is the son of the Deputy Minister of Marine and Fisheries, and is among the rising young Physicians of our city. That he possesses determination of character was well illustrated by

his marriage recently, under circumstances then detailed in *Gossip*. The union I have every reason to believe will be a happy one, and the Doctor and his pretty bride have the good wishes of all his medical friends. He is one of the junior professors in Bishop's College.

HERBERT L. REDDY, M.D., L. R. C. P. L.,
M.R.C.S.E.

Is the son of the late Dr. John Reddy, and has an excellent practice. Being descended from Irish parents he possesses the ready wit of his race, As yet he is a bachelor, but rumor has it is not to remain much longer so, having secured the heart of one of Montreal's fair daughters. The sooner all is *ready* the better.

FRANK BULLER, M.D., M.R.C.S.E.

Devotes his entire attention to the eye and the ear, and has every reason to be satisfied with the return these two organs have given him since he came to this city. Coming here a bachelor, and his prospects good, many a pair of eyes, sent toward him their most bewitching glances, but the ears did not hear the wished-for words. From without our city came his bride, who is a welcome addition to Montreal society. He takes an active interest in all that tends to promote good feeling among the profession, and is a liberal contributor, when the Doctors make a "call." Dr. Buller is connected with McGill College.

ALEXANDER PROUDFOOT, M.D.

Is also a specialist on the eye, ear and throat, and has quite an extensive practice. He married a Boston lady, who has endeared herself to a large circle of friends here, and takes an active interest in many of our charitable institutions. The doctor does not roll himself up in his professional rug, and look at every thing with a professional eye. He enjoys the socialities of this world, and, with his wife, are welcome visitors at many of our household entertainments. He lectures on his specialities in Bishop's College.

My task is ended, I have tried not to be inquisitorial, and I have put down naught in malice. Towards all whose names I have mentioned I bear nothing but good-will. Medical men are a kind of public property, and the brief sketch which I have made of some of Montreal's prominent physicians, will, I trust, not be unwelcome reading to those who take. *Gossip*.—*Montreal Gossip*, Dec., 25, 1884.

Progress of Science.

SURGICAL DELUSIONS.*

By JOHN B. ROBERTS, M.D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic.

Many surgeons' theories and procedures have become traditional, and are accepted as true and correct, merely because reverence for antiquity, or careless acceptance, has not questioned their right to be classed as surgical facts. The present age is an incredulous one, and demands accurate investigation of all such claims. The field of investigation is large, for progress has been retarded by the influence of theorizing writers, with monochromatic vision, the example of non-seeing and non-looking devotees of the fetiches of surgical superstition and the convincing effect of a repetition of false statements. I shall select a few topics which have greatly interested me, and concerning which I probably differ quite widely from many of you.

CHLOROFORM ANÆSTHESIA.

Many still cling to the delusion that chloroform is a safe anæsthetic, because they have never seen a patient die from it. Is one man's experience to weigh against the physiological, the experimental, the clinical experience of the whole world? Dare we employ chloroform, instead of ether, when recognized authorities state that in chloroform anæsthesia death occurs without warning in the hands of experienced administrators; when some five hundred deaths have already been reported; when Schiff and Dalton reject it in physiological laboratories, because of its mortality, when the Scientific Grants Committee of the British Medical Association assert that chloroform is a more dangerous anæsthetic than ether.

Adherence to chloroform in the face of such facts is criminal when circumstances permit ether to be obtained. The assertion that it is often impossible to produce anæsthesia with ether, is the result of inefficient methods of administration. Ether, if given as chloroform, is and should be given, is, in truth, a useless anæsthetic, but given properly it is efficient.

VALUE OF STYPTICS.

The belief in the necessity of styptics is a delusion less dangerous than that first mentioned, but it is given more extended credence. Such agents are seldom, probably never, needed in general

*An abstract of the address in surgery of the Medical Society for the State of Pennsylvania, for 1884.

surgery to arrest hemorrhage. When ligatures' torsion or acupressure is not demanded, and such is seldom the case, unless the artery is as large as the facial, moderate, direct pressure, applied in dressing the wound, is the only hemostatic required. Styptics often do harm, and, as they are not needed, they should be discarded.

FATALITY OF SMALL HEMORRHAGES.

There is much misapprehension about the quantity of blood that a healthy person may lose with impunity. Many who often look with equanimity upon a parturient woman losing a pint of blood from the uterine sinuses would be dismayed at a woman losing half or a quarter that amount during removal of a tumor. While not advocating needless waste of blood, and especially in patients suffering surgical shock, I assert that there is an unnecessary fear of blood spurting from a few insignificant vessels. The largest artery can be controlled by pressure not greater than is used for ringing the electric bell in your hotel. Hence there is always sufficient power in your fingers to obviate fatal hemorrhage until strings can be obtained and applied.

DANGER OF TREPHINING THE SKULL.

The dislike to make exploratory incisions in closed fractures of the skull evinced by some surgeons, and the objection of others to trephining, and thus opening the diploic structure in open fractures, are delusions of a most disastrous tendency. To wait until symptoms of cerebral compression or inflammation have supervened is to lose the most favorable opportunity for mechanical relief. Such a Fabian policy is often followed by death. The treatment of open and of closed fractures of the skull should not be looked upon as very different, since, with the present improved methods of dressing wounds, the successful issue depends almost entirely upon the cerebral rather than the cranial phase of the injury. If such fractures as are usually seen in the skull were not in proximity to the brain, the surgeon would consider them almost trivial. The feature of closed fractures that render them so troublesome is the obscurity that accompanies them. I have for a number of years strongly advocated making closed fractures open ones by means of an exploratory incision, whenever there is a suspicion of the existence of depression or splintering. In open fractures operation to elevate depressed portions and get rid of splinters of the inner table thrust into the membranes should be undertaken rather than avoided. It is better to err on the side of action than that of inaction. Careful manipulation and proper dressings at an early stage are sources of less risk than is incurred by the surgeon who leaves unseen and unsuspected fragments thrust into the membranes or brain.

OPERATIVE DELAY IN STRANGULATED HERNIA.

A delusion of fatal issue is that leading to postponement of operative interference in strangulated hernia. Repeated attempts at forcible taxis and medical pow-wow-ing with temporizing measures have ended more lives than the use of the knife. Herniotomy done within twelve hours is almost always followed by recovery. Death is to be expected, however, if strangulation has existed for two or three days, and the gut has been bruised by violent manipulation in the endeavor to relieve the contraction by taxis. Moderate taxis under ether, a half day's treatment with cold applications and the internal use of morphia, and a second moderate attempt at taxis, followed, if unsuccessful, by immediate operation, is the sequence to be followed in strangulated hernia. When symptoms of strangulated hernia exist, the slightest fullness and tenderness in one groin over either of the rings is a sufficient localizing indication to warrant operation.

OPERATIVE DELAY IN ACUTE PHLEGMONOUS INFLAMMATION.

No insane delusion, no Spanish inquisitor ever caused so many hours of excruciating physical torture as the hallucination that acute abscesses and furuncles must not be incised until pointing has occurred. All the world knows that evacuation of imprisoned pus in phlegmonous inflammations means instant relief of the agonizing pain; yet how few of the profession early and freely incise such inflamed tissues unless they first see the yellow pus under the thinned skin or feel the fluctuation of the fluid in the abscess cavity. The pain is caused by the effort of the pus and sloughing tissue to escape. Is it not, then, more rational to make a free incision to-day than to wait till next week? Time and pain are both saved by early incision. If the cut is made before the pus has actually formed, so much the better.

Probably no form of abscess needs early and free incision more imperatively than that under the palmar fascia. Destructive burrowing of pus is prevented by this radical procedure, which also saves the patient many days of poultices and purgatory.

OPERATIVE DELAY IN MALIGNANT TUMORS.

Much bad surgery results from a delusive postponement of operative interference in malignant diseases. Instant removal is to be practiced in such cases, provided the patient is deemed fit to stand the surgical shock.

NECESSARY FATALITY OF TRAUMATIC TETANUS.

That traumatic tetanus is of necessity fatal is a commonly-held opinion. Proper treatment is sometimes neglected because of this belief in its hopelessness. That the prognosis is extremely unfavorable I admit; but that cases of a severe type recover is undoubted. Chloral hydrate in

full doses has given the best results ; but I do not propose speaking of therapeutics at this time. I merely wish to impress upon the profession the fact that a fair number of cases of traumatic tetanus have recovered.

FATALITY OF PERICARDIAL AND CARDIAC WOUNDS.

The prevalent notion of the excessive danger of these wounds is delusional, at least in as far as it teaches that these structures will not brook surgical interference. The pericardial sac should be dealt with exactly as the pleural sac, by aspiration, incision, irrigation and drainage, according to the lesion. That simple puncture or aspiration of the heart itself is not accompanied by the expected risk to life has been pretty well shown, though I am not prepared to recommend its general adoption for trivial cardiac conditions.

SYMMETRY OF NORMAL LIMBS.

Another delusion still existing in many minds is that the extremities are usually of the same length. Clinical and anatomical investigation show that asymmetry in the length of normal limbs is of common occurrence. Therefore, measurements of the legs in cases of fracture are of little value, since it is impossible to know whether it is the femur of a long or short leg that is the seat of the injury.

USEFULNESS OF TREATING VICIOUS UNION OF FRACTURES.

It is a fact, not sufficiently appreciated, that many cases of deformity, from imperfectly-treated fractures of long bones, can be remedied by refracture. Over and over again have I seen cases of great disability and deformity cured by the application of sufficient force to break the callus uniting the misplaced fragments. Five to six months is not too late to resort to this expedient for correcting what otherwise must be a life-long evidence of defective surgical attendance.

There are many other prevalent surgical delusions, such as that bony union of transverse fractures of the patella and of intracapsular fractures of the femoral neck cannot take place ; that chronic purulent discharges from the ear do not need active treatment ; that hypermetropia and hypermetropic astigmatism can be properly estimated and corrected without paralyzing the accommodation ; that it is improper to perforate the nasal septum in cases of great deviation ; that crooked noses are not amenable to treatment ; that corneal operations and cataract extractions should be treated by cotton padding and bandages to the eyes ; that fractures should be treated with carved or manufactured splints.

While an earnest advocate of conservative and of reparative surgery, I believe that when operative surgery is demanded it should be aggressive. Delay, indecision and insufficiency impair the value of much surgical work, and are often the legitimate result of a superstitious faith in delusive surgical dogmas.—*Buffalo Medical and Surgical Journal.*

EPILEPSY TREATED WITH HYDROBROMATE OF CONIA.

By R. NORRIS WOLFENDEN, B.A., M.B. CANTAB.

Being frequently disappointed in the action of potassium bromide in the treatment of epilepsy, I have lately been trying a remedy which I believe has not previously been used for this complaint. If the result is not quite so favorable as I might have expected, it is at any rate sufficiently good to warrant further trial, and I venture to place on record the notes of seven cases, in the hope that it may lead to further observations. We have all experienced the failure of potassium bromide until poured in in such quantity that often a condition of bromism is established. The unsightly blotches thus produced are a source of annoyance, especially to the better class of patients to whom personal appearance is a matter of concern. The following is a summary of my notes.

CASE 1. A., girl, æt. eight ; ill for two years, with epileptiform seizure, consisting of sudden flexions of the fore-arm (right), and a momentary vacantness of look ; latterly the attacks had become more severe, culminating in loss of consciousness. Hydrobromate of conia, in doses of half a grain three times a day, was prescribed. During the first week she had six slight "fits." The dose was then increased to 5-8 of a grain, and during the succeeding week she had no attack. The medicine was continued for four weeks, during which time she had no fits at all, and slept better. The drug was then discontinued for some weeks, when she returned for further treatment. During its administration this patient complained of constant frontal headache.

CASE 2. B., male, æt. 22 ; suffered from true epileptic fits, with typical aura, convulsions, unconsciousness, and great headache afterwards. One and a half grains hydrobromate of conia was ordered twice a day ; during the week, this patient had nine fits. One and five-eighth grains was given twice daily for a week. During this time the patient had four bad fits. He was now, at his own request, put under potassium bromide, 3 j doses, three times a day, which kept them under.

CASE 3. C., female, æt. 34 ; had been ill for four years, with one or more fits every week, typically epileptic. While taking potassium bromide they were kept under. I ordered one grain of hydrobromate of conia twice a day to commence with. For a week she was better, with only one slight attack. The dose was increased to 1¼ grains, and during the next fortnight she had one slight fit. She was then ordered back to bromide.

CASE 4. D., girl, æt. 7 ; has seven or eight fits a week of typical epileptic character. She has frequently right-sided convulsions, the right arm being suddenly flexed. Sometimes these culminate in a real fit, with insensibility and rigidity. The child is an imbecile. As while under 3 j doses of bromide, the child still had frequent fits, I ordered 1-4 grain of hydrobromate of conia three

times a day. For the first week she had five fits (all occurring the day after the medicine was changed). For the second week there were seven fits. The drug was increased to 1-2 grain three times daily. For a fortnight she was absolutely free from fits, and then had seven. The drug was continued for some weeks, but she still had fits occurring at irregular intervals, which were refractory both to conia and potassium bromide.

CASE 5. E., female, æt. 27; has typical epileptic fits, which continue under 3 j doses of potassium bromide. I administered 1-2 grain of hydrobromate of conia three times a day. During the next week she had no fits, and stated that she felt better, but with frequent headache. For a month while under this treatment she had no fit, but complained of more frequent headache, in consequence of which I returned to bromide.

CASE 6. F., male, æt. 18; would have three fits a day, and then go for a week without. They were typically epileptic fits. While under large doses of bromide they were kept under, but not until an unsightly bromide rash was established, which was troublesome to the patient. For the first week, while taking one grain hydrobromate of conia twice daily, he had three fits. For a fortnight longer while under this treatment he had two fits; during the whole three weeks he therefore had five typical epileptic fits. As he stated that the drug made him feel giddy and weak, I returned at his own request to bromide, which, so long as he was entirely under its influence in large doses, seemed to ward off his attack. This young man was of weak intellect.

CASE 7. G., female, æt. 15; suffered from true epilepsy, dilated pupils; her optic discs were congested. She had not menstruated and had phthical symptoms (cough, hæmoptysis, sweating). Half-grain doses of hydrobromate of conia were ordered three times a day. During three weeks she had no fit, which she stated was the longest time she had ever been without. I then lost sight of her.

The conclusions I draw from the treatment of these seven cases are—that the drug is undoubtedly serviceable in certain cases, and those in which it fails are cases of convulsions depending possibly on some gross lesion of the brain (cases 4 and 6). The slighter cases (*e. g.*, Cases 1 and 7) were distinctly benefited by it.

The drawbacks to the use of the drug appear in the complaints of headache, and where, in large doses, of giddiness lasting for an hour after taking it, with sometimes a suffusion and congestion of the conjunctivæ. In the doses in which I have given it there has not been noticed any cardiac or respiratory alteration. It is said that the dose of this drug must not exceed 4 1-2 grains in 24 hours, commencing with 1 1-2 grains. In my experience a child of eight bore 1 7-8 grains with only headache; a child of seven took 1 1-2 grains per diem without any complaint; 2½ grains per diem were taken by a female without complaint; one adult man took 3 1-4 grains with impunity; in one

case two grains per diem caused sickness, headache giddiness, and "weakness" in a man of 18. One and a half to two grains appears to be followed frequently by headache. I think the drug deserves further trial. Combined with constant application of the continuous current, I have successfully treated with it a case of hemichorea. In this disease, however, it would be rash to speculate whether the drug, the galvanism, or time was the most effectual in the cure.—*Practitioner.*

CLINICAL EXPERIENCE WITH THE NEW LOCAL ANÆSTHETIC—MURIATE OF COCAINE.

BY SAMUEL THEOBALD, M.D., Professor of Diseases of the Eye and Ear in the Baltimore Polyclinic and Post-Graduate Medical School; Surgeon to the Baltimore Eye, Ear and Throat Charity Hospital.

Within the past two weeks I have had the opportunity of testing, in a variety of cases, the action of the new local anæsthetic, the muriate of cocaine. Although the published experience of those who had experimented with it led me to expect marvelous things of it, my expectations have been fully realized. So far, I have made use only of a two per cent. solution, and of this I have usually put into the eye (for my employment of it has been confined to ophthalmic surgery) two drops at intervals of five minutes, making three applications in all, and beginning the operation at the expiration of fifteen minutes from the first instillation.

The first case in which I tried it was one in which a foreign body was adherent to the cornea. Three applications were made in the manner described, and fifteen minutes after the first one the pupil was found to be semi-dilated, and the cornea completely anæsthetic. The foreign body was removed without patient feeling the slightest discomfort. Since then I have used it in two other cases of similar character, and in each the same perfect anæsthesia was obtained. In one of these the foreign body had been in the cornea for several days, and the eye was considerably inflamed and very irritable; but, although the needle was quite freely used to detach the somewhat deeply imbedded particle of iron, the patient showed that the operation was entirely painless.

Having occasion to remove a pterygium from the eye of a very nervous, timid woman a few days since, I made the usual three applications and was then able to perform the operation with perfect ease, the patient assuring me that she felt no pain whatever.

Among the first cases in which I employed it was one of acute inflammatory glaucoma, upon which it was necessary to perform an iridectomy.

In this case four instillations were made; but, owing to the cloudiness of the cornea, the chemotic condition of the conjunctiva, and the high tension of the eye, the drug was, probably, very imperfectly absorbed (the pupil showed no mydriasis), and the anæsthesia obtained was not complete. Still the operation was finished without difficulty, and the patient asserted that it caused very much less pain than she had suffered from an iridectomy previously performed upon the other eye without anæsthesia.

The division of a dense capsular opacity, by means of a needle-knife introduced through the cornea, was done under its influence with much satisfaction, though the manipulation of the needle was not entirely unattended by pain.

A canaliculus was slit up in a very nervous woman after three applications, and the pain attending it was certainly much less than usual.

Several concretions of cheesy matter were scraped from the cornea of a young girl after the usual three instillations of the solution, and the operation caused no pain whatever.

A man with badly lacerated lids required not only to have four stitches introduced, but also to have the edges of the torn tissue, which were to be brought in apposition, freshened with the knife, as the injury had occurred some days previously. Here the solution was not only dropped into the eye, but applied by means of absorbent cotton to the lids. The operation upon the lower lid, to which the cocaine was doubtless more thoroughly applied, was evidently attended by but little pain, although the introduction of two sutures was required; but that upon the upper lid caused decidedly more suffering.

Two days since I enucleated an eye under its influence, and obtained an astonishing effect from it, though I did not promise or expect complete anæsthesia. The introduction of the speculum, the seizing of the conjunctiva with the forceps, and its dissection from around the cornea seemed to cause the patient *no pain*; but the section of the external muscles and the division of the nerves back of the eye were evidently attended by severe pain, although the cocaine solution was several times dropped into the eye during the performance of the operation, and was gotten, to some extent, under the conjunctiva. Whether under such circumstances a stronger solution would produce a more satisfactory degree of anæsthesia is a question which, doubtless, will soon be determined. Probably it will not be practicable to obviate entirely the pain attending section of the ciliary nerves behind the ball; but by waiting for the bleeding to cease after dissecting up the conjunctiva, injecting the cocaine into the sub-conjunctival tissues; and waiting again a sufficient time for it to produce its anæsthetic influence there, it will doubtless be possible to cut through the muscular attachments of the eye without pain, and to complete the enucleation with but a trifling amount of suffering.

That in the treatment of inflammations of the eye, more especially of corneal affections, the cocaine will prove a most valuable agent, seems altogether probable, in view of the marked influence which it has been found to exert in controlling photophobia and ciliary irritation. I have already employed it in a case of extreme photophobia, blepharo-spasm and lachrymation—attending a relapse of granular conjunctivitis—with apparently marked benefit, the symptoms of ciliary irritation having almost entirely disappeared after ten days' use of the drug, a two per cent. solution having been applied to the eye four times a day. It should be stated, however, that in addition to the cocaine installations, a daily application of sulphate of copper was made.

Whatever cocaine may accomplish in other departments of surgery, the discovery of its anæsthetic influence upon the eye marks an era in the development of ophthalmology. It is an event the importance of which we can, as yet, scarcely appreciate. *Maryland Med. Gazette.*

NOTES ON THE USE OF HAMAMELIS IN THE TREATMENT OF VARICOSE VEINS.

Some time ago Dr. J. H. Musser called the attention of the profession to the use of hamamelis in the treatment of varicose veins and their sequences. Since then numerous inquiries have been made of him concerning this drug, and several cases have been reported to him of its use. It has therefore been deemed advisable to again refer to this plan of treatment. In the first place, to determine this question it is important to know whether the beneficial results of the treatment of the cases previously reported were permanent or not.

The three cases noted in full in this paper have been under my observation ever since that time. The first two may be dismissed at once by saying neither of the patients has had any return of the varicose veins or of any symptoms of them. Regarding the third, who was to be present to-night, it will be remembered that, on account of the severity of his symptoms, he was unable to work for nine months prior to having taken the medicine, and for three months of that time he was treated in a hospital by rest, pressure, etc. He returned to work two months after, beginning the hamamelis, and has continued at his laborious occupation ever since. In answer to a summons he presented himself two weeks ago. He had not taken any medicine for ten months. There was no return of any one symptom of his disease, save the varicosity noted below and slight œdema of the left leg. The tissues, however, readily take on ulcerative action, for every time a stone fell against his leg an ulcer formed, with this difference from formerly, that it healed rapidly. On examin-

tion, two inches below the knee, on the inner aspect of the leg, a congeries of veins is found. They are not painful, returned during the past month, and have given him no trouble. The œdema of the ankle is not marked. There is a small healing ulcer on the right leg which was caused by a stone falling on the leg a month ago. Both extremities are very cold, on account of which he wears heavy stockings, and woolen material—articles that were unbearable one year ago. When the past sufferings of this man are compared with the comfort and usefulness of the past year, in view of the previous systematic treatment of him, it can scarcely be gainsayed that hamamelis is of value in varicose disease.

The subsequent experience of the writer has not been a large one, and only two patients can be referred to positively. But, in order not to present the facts alone of a probably prepossessed observer, the statements of numerous gentlemen will be given who have made use of the drug since the article referred to was published. It is, no doubt, natural that only the favorable cases have been reported to the writer—failures not being considered worthy of notice. There are some unfavorable comments given, however, and they will be first noticed.

Thus Dr. Dulles, surgeon to the dispensary of the University Hospital, writes as follows: "I tried it in a number of cases of leg-ulcer in the dispensary, and finally abandoned its use, because I came to the conclusion that it was only of moderate value, and could in no sense be looked upon as a substitute for the ordinary surgical methods of treating these ulcers."

Rather more favorable is the testimony of Dr. Stelwagon, chief of the Skin Dispensary of the same hospital. He says: "The remedy was made use of in about fifteen cases—in patients with eczema, ulcers, or both, in whom the veins were at all enlarged. In three instances the results seemed, both to the patients and myself, favorable. In four or five cases the patients thought some benefit had ensued; I could not convince myself that such was really the fact. In the remaining cases no improvement followed its use." In all the cases the roller bandage was employed. Dr. Stelwagon says his experience is negatively favorable, and the remedy is worthy of more extended trial. Of the six cases treated by Dr. Van Harlingen, professor of skin diseases at the Polyclinic, there was one quite successful case; two patients improved very much; the remainder made but two or three visits to the dispensary.

Still more favorable is the testimony to follow. Dr. R. M. Girvin reports two cases cured—no failures. One was that of a female with varicosity of the deep veins of both legs, with swelling and induration of the limb and spots of ulceration as large as a dime. The veins were enlarged and tender; the pain was intolerable. One teaspoon-

ful of the fluid extract of hamamelis every four hours was ordered, and improvement was seen in three days; a cure in two weeks. No other treatment was used, and the patient was on her feet most of the time during the treatment.

Dr. Shelly, of Ambler, Pa., reports the following:

"Female, aged forty-five, cook, varicose veins in both lower extremities of fifteen years' duration, unhealthy ulcer on outer aspect of left ankle joint of ten years' duration. Ulcer followed a hæmorrhage, and never healed. Both legs œdematous, the left much indurated. Eczema around the ulcer. Pains so great she has been confined to her chair or bed for one month. Treatment: Hot bran baths and thin adhesive strips to her left limb only; hamamelis in teaspoonful doses five times daily. Relief almost marvelous, being about the house in one week, and three months afterward the knotted and distorted veins had entirely disappeared, notwithstanding the continuance of her laborious duties. The rubber stocking which she had used for years was discarded, and its use has not been resorted to."

To further illustrate the affinity this drug has for venous structures Dr. W. E. Hughes writes that a case of phlebitis, secondary to chronic Bright's disease, was entirely and rapidly relieved by the use of this drug.

These reports ought to be of some avail to convince the most captious. It is thus seen that positive and negative results are given. The accuracy of observation cannot be doubted, and hence conclusion can only be vitiated by two factors, the preparation used and the dose exhibited. It is difficult to make a numerical statement, and so it can only be said that this drug is a decided value in a certain proportion of cases of varicose disease. If an estimate were to be made of the proportion of cures and failures, without fear or exaggerating, it may be said that one-fifth of all cases are cured, and that one-third of the remainder are benefited.

THE VILLAGE DOCTOR.

How he makes it easy to die—the contrast between the busy city physician and the quiet country practitioner.

It may be that your finely educated and well informed city physicians know better what a sick man needs, but they do not begin to know as well as the old Oxford doctor what that sick man wishes. It may be that your beloved and well-brushed M. D. cures more diseases, but he has never learned how to make his patient forget the disease he cannot cure. Your city physician is a business man. He is always in a hurry. He yanks your door bell, startling you from a refreshing nap. He brushes by the servant who opens

the door to him, and comes into your bed-chamber with the air of a Constable whose duty it is to throw you and your family out into the street—a Constable who enjoys doing his duty because “business is business.” He strides to your bedside and jerks your hand from under the coverings, as if he held something that had been stolen from him. You are afraid of him, and wish he would get through and go away. He orders you to put out your tongue much as a prosecuting attorney would if he expected to find some evidence of crime upon it. He flips out a massive gold watch that marks the quarter-seconds, counts your pulse, says you are a very sick man, and coldly tells you that if you have any business matters to settle you would better be about them. He orders your terrified wife to bring a spoon and a glass of water while he is directing a Latin prescription to his friend the druggist, who charges him no profit on personal purchases. He doesn't want the spoon and water; he only wishes to order somebody to do something, and these are the first things he thinks of. When he goes away as abruptly as he came you turn your face to the wall and think what a very great doctor this very great doctor must be, and you resolve to get well in order to get rid of him; and you do get well, either because you can't help it or because you can't afford to be sick any longer.

If you want a physician to cure your ills, the city M. D. will do. But if you want somebody whose warm sympathy will make you forget that you are sick, come here and try the old village doctor. He never rings a bell. Why should he, since he knows every nook and corner in every house in the village? He is, so to speak, a member of every family in Oxford, and a most heartily welcome member, too. With his little medicine case, containing a few staple drugs, not forgetting plenty of calomel and the necessary instruments for cupping, he enters at the back door as gently as the perfumed breath of a bright May morning. The figure may not be just the thing, for the doctor grooms his own horse, and his perfume is of the stable; yet there is something kind and sympathetic in his manner that seems to smell sweet to the soul. After his brief chat with the house-wife in the kitchen, he finds his own way to the little front bedroom, the wife following, wiping her hands and bare arms on the wrong side of her long calico apron. If his patient be asleep he stealthily tip-toes back to the kitchen and says he will wait. Seated on the door-step just outside the open door, he whittles, and talks in low tones with the wife as she goes on washing the breakfast dishes. Piece by piece he learns every symptom, every little particular of his patient's last night; and then, when the conversation ceases and the wife goes quietly up the narrow back stairs to make the children's little bed, the old doctor sits and peels long curly shavings off the yellow pine stick, softly hums a good old Methodist hymn, and

thinks and thinks what he should do next for his sick man. Half the forenoon is gone when the good wife comes to the door and says, in same old subdued tone to which she has habituated herself: “Doctor, he is awake now.” The old doctor slowly lifts himself, unkinks his stiffened joints, kicks his legs out to straighten down his trousers, shuts his big bone-handled knife, brushes the shavings from his shiny clothes, and goes to the bedroom. The sick man slowly turns his head toward the door way, smiles sadly, puts out his long, white, bony hand to him and whispers hoarsely: “Well Doctor?” which is a sick man's favorite form of asking how his doctor thinks he is getting along. The old doctor raises the blue paper curtain and slowly draws a chair close to the bed. “Oh, you're looking ever so much better to-day. We'll have you out hoeing potatoes in a day or two.” The old doctor knows this is false: knows that no human power can prolong the man's life a month, but he is one of these great good men who live above the necessity of telling the truth on all occasions. Only the puny-souled creatures who have to keep themselves in straight-jackets lest they do something wicked, need to live within the narrow limits of an inviolable rule always to tell the truth. “You're getting on nicely. Don't you see you've got more color in your hands? And your eye looks brighter than it has for a month. A very sick man couldn't sleep as you did this morning. Why, I've been here two hours, and you've been sound asleep and snoring every minute o' the time, ain't he, Mrs. Sanford?” The poor wife is almost afraid the doctor exaggerates, but there is something so wholesome in the old doctor's manner and so encouraging in his words that she quite forgets her troubles, and becomes even chirper in her efforts to assure her husband that the doctor is right. While the little woman moves softly about, gently dusting this and that piece of furniture, turning the shutters so that the sunbeams creeping toward the bed may not climb up and get into the eyes of the sick man, the old doctor urges on the conversation, adroitly turning the subject from sickness and trouble, and even from health and prosperity, with which the sick man might make painful comparisons. Soon the room is changed from a chamber of death and despair to a panorama of scenes pictured by the doctor in his recollection of his recollections and experiences. The sick man turns his head to catch every word. He is an interested listener, while the old doctor sits there and relates as actual personal history a hundred and one things that never happened to any body. Why should he stop to ask himself whether truth is mighty so long as he can see that falsehood is prevailing over his patient's despair, and causing him to forget whether he is sick or well?

A writhing of the sick man's face and the placing of his thin, clammy hand upon the breast tells of a sharp pain. Quick, the opiate! There,

he sleeps! Now all is well. Ah, yes, he sleeps. He will not wake again. Death came to him as in a pleasant dream. He knew it not, and hence he died but once. Kind-hearted, warm old doctor! Dear old coward, who never fights disease, but surrenders at its first approach, and labors lovingly to smooth the way to death! Blessed old bungler, who gives no dying man the warning that would turn his latest hours to business cares and save his heirs a world of worryment and loss! Who does not love this Oxford doctor.—*Chicago News*.

THE TREATMENT OF PELVIC CELLULITIS FOLLOWING PARTURITION.

Dr. W. M. Graily Hewitt thus concludes an article in the *Med. Press*.

A few words with respect to the treatment: A remarkable feature in these cases is their tendency to chronicity. They are always tedious and difficult to cure, and the cure depends more on attention to diet than on any other element of the treatment. Rest, of course, is an essential; but the nutrition requires careful consideration. With regard to the subject of food: Deficiency of food may predispose to cellulitis in a patient in whom other factors in its cause may be present; or it may render an already-existing case of cellulitis less amenable to treatment. In the case before us the quantity of food taken was perhaps only one-third of the total amount required by the healthy subject. This created a weakness which showed itself in various ways. Under these circumstances there is great indisposition to take food, and if only three stated meals a day are provided, a very small amount is taken; the patient becomes exhausted in the intervals, and when meal-time comes is not able to take nourishment. Hence the quantity taken is not enough to induce activity in the nutrition process, but only enough to keep up a condition of *statu quo*. To stimulate nutrition, articles capable of ready assimilation must be selected—Brand's essence, beef tea, milk, etc., with a fair amount of stimulant in the shape of brandy, and this must be given very frequently, every hour or so. Under this treatment the appetite will rapidly improve, and in a week or so, in all probability, solid food will be taken with zest.

As subsidiary treatment, poultices may be applied to the abdomen to relieve pain and assist resolution, and if the latter is very severe a little opium is indicated. The bowels should be daily opened by the administration of a mild laxative. Some medicine, in the shape of dilute nitro-muriatic acid with a little tincture of orange, is often useful as a stomachic and tonic; and later on iron and quinine may be given with advantage.

THE TREATMENT OF PHTHISICAL NIGHT-SWEATS.

Many drugs have been recommended for this weakening accompaniment of phthisis, but comparatively few have given satisfaction. With the view of discovering some drug that would control the sweating, and at the same time that would be free from drawbacks, Dr. C. M. Cauldwell instituted a series of observations on a large number of cases. As a result he reports, in the *N. Y. Med. Jour.*, September 27, 1884, that picrotoxin recommended by Dr. Ringer and Dr. Murrel, more nearly approached the ideal in view than any of the other drugs. It was prescribed for twenty consumptives suffering from profuse night-sweats. In seventeen of the cases the perspirations were entirely checked, or so far diminished as to produce no further debility or annoyance. Even when given in much larger doses than are ordinarily prescribed, it caused no disturbance of the nervous system or of the gastro-intestinal tract—in fact, produced no evil effect whatever. In this respect it compared very favorably with atropine, ergotin, etc. A single full dose of the drug at bed-time was generally sufficient to control the sweating for twenty-four hours.

Where one dose failed, a second was taken shortly after midnight.

The initial dose, mentioned by Ringer and the English writers generally, is the one hundred and fiftieth of a grain. This was found much too small, and was accordingly increased to one-fourtieth of a grain.—*Phil. Med. Reporter*.

MORE ABOUT BOILS.

In the *Reporter* of September 5, Dr. G. W. Barr, writing about boils, says: "All attempts to abort or prevent a succession of boils are unsatisfactory."

Now, in reality, their abortion is easy and simple, if treated before there is any really dead tissue to slough out. My own plan is to cover thickly with absorbent cotton and keep it constantly saturated with spirits of turpentine. This will also always abort a felon, if used *early*. Now, to prevent their succession. Put a handful of bird-shot in a pint of sweet milk; boil it twenty or thirty minutes and take it for supper. Repeat this for three nights, then omit for three nights, and repeat. Then, if a tonic is needed, take ten to fifteen drops of elixir of vitriol three times a day, following each dose with two or three grains of quinine sulph. If Dr. B. will follow the above hints I am sure he will not prefix *un* to *satisfactory*. In place of vaseline I would advise him to use a paste of *resin soap, yolk of egg, brown sugar, and sweet oil*. Now, doctor, if you really feel that your reputation as a surgeon requires you to incise a boil *early*, select your *enemies*, incise freely, and fill the incision with carbolic acid or creasote, and cover with a poultice. For your friends, use the paste and wait till the boil is ripe,

CANNABIS INDICA IN MELANCHOLIA AND MENTAL DEPRESSION WITH SLEEPLESSNESS.

Dr. Wm. Strange, of Worcester, Eng. (*British Medical Journal*), has observed beneficial results from the use of cannabis in cases of melancholia and mental depression attended with sleeplessness. The usual dose he thinks is too small; at least a grain of the extract or twenty to thirty minims of the tincture should be prescribed ordinarily. This amount, combined with half a drachm or a drachm of bromide of potassium, rarely fails to give relief. It dulls the anxiety, lessens the depression, and gives restfulness if not sleep. If there be visceral disturbance, hyoscyamus acts well with the cannabis.—*N. Y. Med. Jour.*

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITORS :

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P. LOND

R. A. KENNEDY, M.A., M.D.

SUBSCRIPTION TWO DOLLARS PER A. NUM.

All communications and Exchanges must be addressed to the Editors, Drawer 356, Post Office, Montreal.

MONTREAL, DECEMBER, 1884.

THE LYNAM CASE.

Since our last issue Dr. Vallée has made his official report, affirming Mrs. Lynam's partial insanity, and recommending her conditional release. She has been accordingly removed from the asylum by order of the Court, and consigned to the care of Mr. Alfred Perry, who has given the requisite security for her future good conduct. Thus ends for the present a *cause celebre*, which has stirred up public feeling to an unusual extent, and reflected little credit upon the Lunacy Regulations of this Province. Mrs. Lynam might have been discharged from the asylum long ago, trouble and expense spared, and sectional ill-feeling avoided, had the ordinary methods provided by

law been adopted in her case. Dr. Perrault, the Asylum Physician, considered her sane from the time of her admission; had he, of his own accord or at the suggestion of Mr. Perry or any other friend of Mrs. Lynam, officially reported her fit for discharge, Dr. Howard would have liberated her at once, provided he agreed with Dr. Perrault; if he disagreed, he would have been bound by law to transmit Dr. Perrault's opinion along with his own to the Provincial Secretary, who would then have appointed a third expert to examine the patient and decide between the other two. Dr. Vallée, in all probability, would have been the expert selected; so that a fortnight could have accomplished precisely the same result as the three long months of legal wrangle. But then it is possible that the world in general, and Montreal in particular, might never have discovered the great philanthropic qualities of its "*Public Benefactor*," which no doubt would have been a *local*, perhaps a *national*, misfortune. But a still shorter and easier method was available; had Mr. Lynam been induced to made application to Dr. Howard for his wife's conditional release, she would have been allowed out on probation for one, two or three months; if at the end of that time no good reason existed to the contrary, she would have received her unconditional discharge. We are informed that, as a matter of fact, Dr. Howard proposed this method of procedure to Mr. Perry before legal proceedings were instituted. The direct appeal to the Court was never intended for general use, but was provided for those exceptional cases only in which the simpler methods had proved ineffectual. Mr. Perry's action in ignoring Government officers and ordinary methods of procedure and resorting to the cumbrous and expensive processes of the Courts was not only unnecessary but quite unwarrantable; while it is unquestionably true that an egg may be chipped with a huge steam-hammer, yet simpler methods are preferable when performing this common experiment.

Dr. Vallée's report is inaccurate, timid, hesitating and uncertain in its tone, and upon the whole decidedly unsatisfactory; it is not such a report as we would have expected from a man of his standing, and is hardly calculated to increase his reputation as an alienist. He states that there was no proof of hallucination; but if he had read the evidence carefully, he would have found clear proof of delusions concerning food, and concern-

ing voices "many times" heard speaking outside the window at night. He sees nothing strange in the fact that it has been found necessary to confine Mrs. Lynam in the refractory ward ever since her admission, and that, on the only occasion she seemed well enough to be transferred to the convalescent ward she behaved in such an unruly manner that she had to be removed to her old quarters within twenty-four hours. Nor does he find it extraordinary that she actually preferred living in the furious ward, because the cries and screams of the violent patients "amused" her and "prevented her from feeling lonesome." The following extracts are interesting :

"I made her relate the circumstances of her incarceration, and she repeated to me all the details just as she had about given in court during her trial. Her husband had been jealous of her, and she on her side would have had reason to be jealous of him, but she had never complained of him, and in support of her statements on this point, she mentioned a number of facts and circumstances. This idea of jealousy appears fixed. She recurred to the subject quite willingly..... Whenever her husband was spoken of she became more or less excited and made statements at least *bizarres*. I expressed to her my surprise that the sight of her husband should have carried her to the point of insulting and cursing him. She replied to me that every morning and every night she cursed him. I said to her: "If you are liberated would you return to him or would you endeavor to meet him?" "No," she replied, "as long as I live I never wish to see him, but after my death I will visit him, in order to have my revenge on him;" and as I manifested some doubt on this subject, she added, with a sigh of strange conviction, "I know that I will return to satisfy my vengeance." In one of my later visits I announced to her that her husband was very sick, and that he was probably dying. She said to me that she wished to see him dead, but that, nevertheless, she preferred to die before him in order to come back and worry him. She admitted to me that her children had only their father to sustain them, and that his death would throw them into the street. Nevertheless, so hardly did she feel towards her husband that even this consideration did not interfere with her express desire to visit him after death. There is in this avowal an aberration of sentiment which is hardly explica-

ble in a mother who loves her children as she pretends sometimes to loves them.....The following was established at the judicial enquiry: In the month of March, 1882, the husband of Rose Church went to her lawyer to consult him on the subject of a demand for *separation de corps*. He complained that the woman refused to look after his household, to take care of his children; that she was passionate and violent; that she tried to strike him with an axe; that she threatened to make a hole in the ice and drown her children. It was on this occasion that Dr. Howard went to her house and saw the woman for the first time. He found her in a veritable state of maniacal exultation, her hair and clothes disordered, the room turned upside down, the furniture thrown upon the bed, the children frightened and gathered up in a corner, afraid of the approach of their mother. The details of this striking picture are confirmed by Mr. Curran who accompanied Dr. Howard, and by the information which I obtained from the children. Now, if we attempt to ascertain the cause which has brought about this result it is difficult to reconcile a like scene with perfect soundness of reason. Still the impulsive movements are sufficiently frequent with Rose Church, and are provoked by the most insignificant causes. Thus her two little children told me that they had an instinctive fear of their mother, and that her laughter, even her caresses, did not reassure them, because there frequently came upon her a sudden transition without motive from a certain gaiety of humor to explosions of inexplicable anger. Do these passions at the mere sight of her husband offer or present the character of a simple outburst of passion? As they were seen by Drs. Ross and Cameron, who were witnesses, it is not very reasonable to impute them, in view of their great violence and instantaneous outbreak, to the influence of disease rather than to the calculations of the will. On the other hand, it is admitted that this woman is absolutely temperate and regular in her moral conduct. How, then, are we to explain her indifference to her duties. Her husband reproaches her for not working, for neglecting her house, and for not caring for her children. These facts have been confirmed by the little girls, and also implicitly by the woman herself, who admitted to me on different occasions that she spent a part of her day in sleeping. It often happened that she did not prepare any meals for the family, and then the father would go to his work

and the children to school without any food..... Is that woman insane or not?.....She does not present the signs of one of those ostensible insanities which accuse themselves by a great extravagance of conduct. On the other side, if I analyze the information that I have received by the trial, by my interviews, and by the other information obtained, I come to the conclusion that Rose Church is not absolutely sane. In all her faculties the extreme mobility of her impressions reflect the suddenness of her passions; the obliteration of her maternal sentiments shows that in that woman the affective faculties are evidently perverted on her husband's and her children's account.....I believe that it would not be prudent to force her husband to receive her, but I do not see any reason why she should not be liberated and placed in the care of any other person who wishes to take charge of her."

Dr. Perrault, the asylum physician, figures very badly in this case. In his evidence before the Court he swore that he never considered Mrs. Lynam insane: Nevertheless, upon two separate occasions he entered her name in the books as suffering from *erotomania*, and he never considered it his duty to report her officially to Dr. Howard for discharge.

Dr. Henry Howard, the Government Visiting Physician, has throughout this case been subjected to constant abuse and misrepresentation, which, being wholly unmerited, must have been very galling. We congratulate him upon the issue of the case; he has not only been personally exonerated, but his views have been in a large measure sustained, Mrs. Lynam being released conditionally as he had previously suggested.

The contradictory nature of the Medical evidence, and the somewhat unsatisfactory result of the trial, are, as usual, largely due to the absurd method of taking expert testimony in vogue in this province. Is it not high time for our legal brethren to revise their methods, and learn somewhat from the more rational procedure of France and Germany? Reform is urgently needed in many directions, and we sincerely trust that the strong public feeling, to which Mrs. Lynam's release is largely due, will not be allowed to die out till it has secured the thorough revision of the lunacy laws of this Province. If this good result can only be achieved the time and money expended upon Mrs. Lynam will not have been in vain.

AS OTHERS SEE US.

Mr. Lawson Tait, F.R.C.S.E., of Birmingham, whose visit to and address before, the Canada Medical Association at its meeting in Montreal in August last, will be remembered by many of our readers, has been enlightening his brethren at home in regard to what he saw on this side of the Atlantic. On the 31st of October last he read a paper, entitled "American Notes" before the Birmingham Medical Society. In the course of the paper he says:—

"From Boston I passed on to Montreal, where began the series of my engagements for the fulfilment of which my transatlantic visit had been arranged. The beauty of this city has been so often praised that it is useless for me to repeat the platitudes of my own impressions further than this, that in my memory there dwell above all others in prominence the recollections of three landscape views that I have ever seen; from the terrace at Malvern, from Arthur's Seat at Edinburgh, from the castle at Heidelberg, and last, but not least, from the hill at Montreal, from which extends a view all round and not surpassed by anything I ever saw. In Montreal I was the guest of Dr. Gardner, Professor of Gynecology in McGill University, and it was my privilege to give an address to the Canada Medical Association, the annual meeting of which had been arranged to take place during the three days just preceding the meeting of the British Association. My business here, of course, is chiefly with what I saw and not with what I said; but I wish again, here in my own land, to repeat my acknowledgments of the brilliant reception given to me by my Canadian brethren, not so much on my own account as for the position in which they placed me, that of a representative for the time being of British surgery.

During those three days I was associated with some three hundred practitioners of medicine. I heard a number of papers read, with discussions upon them, and I say, without hesitation, that nothing which was said or done at that meeting but would have reflected credit on any medical gathering in the world. I often hear it said by practitioners in this country, whose lots are cast in places remote from the busy centres of life, that they find it difficult, or even impossible, to attend meetings of professional societies, and to keep themselves abreast with the growth of the science of medicine and surgery; but in that new country

and at that Congress I found men eager and able to be present, though they had thousands, instead of scores, of miles to travel, and it was to me quite impossible to realize the fact that men who sat next me, and who talked fluently and well of the most recent advances in pathology, who knew all the dodges and newest things in laryngology, etiology, and gynecology, practised in villages four, five, or even six days' travel from the place of meeting; that many of them existed in places still unmarked on the map, without any professional neighbor nearer than perhaps a hundred miles. Some of them were even professors in flourishing medical colleges, placed in large cities, which ten or twelve years ago had no existence. In the style, character, and conversation of these men, not only could nothing be detected which could mark them as being defective in general or professional culture and education, or which could place them in a rank lower than the practitioners of my own country, but I doubt very much if, from the highest to the lowest in our own ranks we were to take 250 or 300 of our men at random we could compare favorably with them.

Another source of surprise was the large number of medical schools. Thus, in Montreal, a city of 140,000 inhabitants, there are no less than four of these schools—two Catholic and two Protestant—and, although there is only one of great importance, still all of them are well-officered and well-appointed, and, from what I could see of the results of their training I am unable to say that any of them can be charged with inefficiency. In Toronto there is a magnificent university, the president of which is the famous archæologist, Daniel Wilson, and two medical schools, the buildings of both of which I inspected with care, and I venture to say that they compare very favorably with the school in our own town, or indeed with any provincial medical school, as well as with a large number of our metropolitan schools. The tendency toward the downward competition which would otherwise be inevitable in medical education is prevented by the establishment of that which we most of all want in this country—a guarantee on the part of the State of a minimum amount of medical education.

Of the hospitals of Canada I can say nothing but what is favorable. Dr. Hingston, the distinguished surgeon of l'Hotel Dieu, and others, took great trouble to show me all their details. Their appointments are equal in every respect, and in

some respects are far superior to those to be seen in any but the newest hospitals in this country. I spent a long afternoon in the hospital at Toronto, and I saw there the results of surgical work as brilliant as any to be found in Great Britain."

COMMITTEE ON ORGANIZATION OF THE NINTH INTERNATIONAL MEDICAL CONGRESS, TO BE HELD IN WASHINGTON, D.C., IN 1887.

PRELIMINARY NOTICE.

The Committee on Organization of the Ninth International Medical Congress, to be held in the United States in 1887, met in Washington, D. C., on November 29, 1884, for the determination of the general plan of the Congress, the election of Officers of the Committee, who will be nominated to fill the same offices in the Congress, and the consideration of questions of finance.

The following rules were adopted:

1. The Congress will be composed of members of the regular medical profession who shall have inscribed their names on the Register of the Congress, and shall have taken out their tickets of admission. As regards foreign members, the above conditions are the only ones which it seems, at present, expedient to impose.

The American members of the Congress shall be appointed by the American Medical Association by regularly organized State and local medical societies, and also by such general organizations, relating to special departments and purposes, as the American Academy of Medicine, the American Surgical Association, the American Gynæcological, Ophthalmological, Otological, Laryngological, Neurological, and Dermatological Societies, and the American Public Health Association, each of the foregoing Societies being entitled to appoint one delegate for every ten of their membership.

The members of all special and subordinate Committees, appointed by the General Committee, shall also be entitled to membership in the Congress, together with such other persons as may be specially designated by the Executive Committee.

All Societies entitled to representation are requested to elect their Delegates at their last regular meeting preceding the meeting of the Congress, and to furnish the Secretary-General with a certified list of the Delegates so appointed.

2. The work of the Congress is divided into eighteen Sections, as follows, viz:

1. Medical Education, Legislation and Registration, including methods of teaching and buildings, apparatus, &c., connected therewith.

2. Anatomy. 12. Nervous diseases and Psychiatry.

3. Physiology. 13. Laryngology.

4. Pathology. 14. Public and International Hygiene.

5. Medicine. 15. Collective Investigation, Nomenclature, and Vital Statistics.

6. Surgery. 16. Military and Naval Surgery and Medicine.

7. Obstetrics.

8. Gynæcology.

9. Ophthalmology. 17. Experimental Therapeutics and Pharmacology.

10. Otology. 18. Diseases of Children. Syphilis.

3. The General Meetings will be reserved for the transaction of the general business of the Congress and for addresses or communications of scientific interest more general than those given in the Sections.

4. Questions which have been agreed upon for discussion in the Sections shall be introduced by members previously nominated by the Officers of the Section. The members who open discussions shall present a statement of the conclusions which they have formed as a basis for debate.

5. Notices of papers to be read in any one of the Sections, together with abstracts of the same, must be sent to the Secretary of that Section before April 30, 1887. These abstracts will be regarded as strictly confidential communications, and will not be published until the meeting of the Congress. Papers relating to questions not included in the list of subjects suggested by the officers of the various Sections will be received. Any member, after April 30, wishing to bring forward a subject not upon the programme, must give notice of his intention to the Secretary-General at least twenty-one days before the opening of the Congress. The Officers of each Section shall decide as to the acceptance of any communication offered to their Section, and shall fix the time of its presentation. No communication will be received which has been already published, or read before a Society.

6. All addresses and papers, read either at General Meetings or in the Sections, are to be im-

mediately handed to the Secretaries. The Executive Committee, after the conclusion of the Congress, shall proceed with the publication of the Transactions, and shall have full power to decide which papers shall be published, and whether in whole or in part.

7. The official languages are English, French, and German.

No speaker shall be allowed more than ten minutes, with the exception of readers of papers and those who introduce debates, who may occupy twenty minutes.

8. The Rules, Programmes, and Abstracts of Papers will be published in English, French, and German.

Each paper or address will appear in the Transactions in the language in which it was delivered by the Author. The debates will be printed in English.

9. The Officers of the General Committee on Organization are a President, three (3) Vice-Presidents, a Secretary-General, and a Treasurer, and those elected to these positions will be nominated by the General Committee to hold the same offices in the Congress. All vacancies in these offices shall be filled by election.

10. There shall be an Executive Committee, to be composed of the President, Secretary-General, the Treasurer of the General Committee, and of four other members, to be elected by the General Committee. The duties of the Executive Committee shall be to carry out the directions of the General Committee; to authorize such expenditures as may be necessary, and to act for the General Committee during the intervals of its sessions, reporting such action at the next meeting of the General Committee.

11. There shall be a Standing Committee on Finance, composed of five members, to be appointed by the President, subject to the approval of the Executive Committee.

12. Those who are elected as Chairmen of the several Sections shall be thereby constituted members of the General Committee.

The Officers elected are as follows:

President.—Dr. Austin Flint, Sr., of New York.

Vice-Presidents.—Dr. Alfred Stille, of Philadelphia; Dr. Henry I. Bowditch, of Boston; Dr. R. P. Howard, of Montreal, Canada.

Secretary-General.—Dr. J. S. Billings, U. S. Army.

Treasurer.—Dr. J. M. Browne, U. S. Navy.

Members of the Executive Committee (in addition to the President, Secretary-General and Treasurer.)—Dr. I. Minis Hays, of Philadelphia; Dr. A. Jacobi, of New York; Dr. Christopher Johnston, of Baltimore; Dr. S. C. Busey, of Washington.

The Executive Committee will proceed at once to complete the work of organization.

J. S. BILLINGS,

Secretary-General.

WASHINGTON, D.C., Dec. 1, 1884.

COLLEGE OF PHYSICIANS AND SUR- GEONS.

PROVINCE OF QUEBEC.

Mr. de Lamirande, the detective officer of the College, furnishes us with the following result of actions against unlicensed practitioners, rendered since September last.

—College *vs* Théodore D. Whitcher, Beebe Plain, two cases, in which defendant confessed judgment, paid fines and costs.

—College *vs* Gabriel Courchène, bone-setter of La Baie du Febvre. Two cases were taken against him, he has contested both cases, and he was condemned to pay fines and costs in both cases.

—College *vs* Eugène Ratelle, barber, of Montreal. He contested, and was condemned to pay fine and costs.

—He also states that Dr. John Burke, of Stanstead, has left the Province of Quebec not being able to qualify, and being threatened with prosecution.

THE MEDICAL RECORD VISITING LIST.

This Visiting List, published by Wm. Wood & Son, of New York, proprietors of the *New York Medical Record*, has been received. It is really a very elegant memorandum book, and embraces everything required in a Visiting List. We look upon the flexible character of the cover as being a feature which will commend it to many.

PERSONAL.

Dr. J. F. T. Jenkins has settled in Riverside, Southern California. His residence in Richmond square, Montreal, has been taken by Dr. Airth.

It is rumored that one of the candidates for the vacant position in the City Council representation of St. Ann's ward will be Dr. Kannon of Notre Dame St.

REVIEWS.

"*Edmond Dantes*," the Sequel to Alexander Dumas' great novel, "The Count of Monte-Cristo," is one of the most wonderful romances ever written, and an entire new and enlarged edition of it is in press, and will be published in a few days by T. B. PETERSON & BROTHERS, Philadelphia. Just at the point where "The Count of Monte-Cristo" ends, "Edmond Dantes" takes up the fascinating narrative, and continues it with marvelous power and absorbing interest unto the end. Besides the hero, Haydee, Mercedes, Valentine de Villefort, Eugenie Danglars, Louise d'Armillly, Zuleika (Dantes' daughter), Benedetto, Lucien Debray, Albert de Morcerf, Beauchamp, Chateau-Renaud, Ali, Maximilian Morell, Giovanni Massetti, and Esperance (Dantes' son) figure prominently, while Lamartine, Ledru Rollin, Louis Blanc and hosts of other revolutionary leaders are also introduced. "EDMOND DANTES" will delight all who read it.

Sexual Neurasthenia (Nervous Exhaustion) its Hygiene, Causes, Symptoms and Treatment, with a Chapter on Diet for the Nervous. By GEORGE M. BEARD, A.M., M.D. (Posthumous Manuscript.) Edited by A. D. Rockwell, A.M., M.D. New York: E. B. Treat, M.D., 1884. Price \$2.

The late Dr. Beard was a prolific writer, who had the courage of his convictions, and therefore never hesitated to give expression to them, either through the press or, when opportunity offered, *viva voce*. He was generally believed by many in the profession to be extreme in some of his views, but his honesty was never doubted. His treatment of the special class of cases on which this book is written was often heroic and much criticised. It may, however, in the near future prove not to have been more heroic than was necessary. It is generally admitted that the late Dr. Beard, and the editor of this work, who was also his fellow-worker and colleague, were the first to enunciate the idea that electricity was a

powerful constitutional tonic, as well as a stimulator and excitor of paralysed muscles. The work is written in a bold and flowing style, and breathes throughout a spirit of purity which makes it pleasant reading. Cases of sexual exhaustion deserve far more consideration at the hands of the profession than they are in the habit of receiving. If this attention was given to them they would not fall in such numbers into the hands of the Quack, who reaps from them a rich harvest of fees. This book is calculated to awaken in the mind of the thoughtful reader a deep interest in the unfortunate victims of "Neurasthenia." If Dr. Beard had written nothing but this work, he would not, we believe, have lived his short life in vain.

Bacteria and the Germ Theory of Disease. By Dr. H. GRADLE, Professor of Physiology, Chicago Medical College. Chicago: W. T. Keener, 96 Washington street.

This book contains eight lectures delivered at the Chicago Medical College, and they give a really very excellent resume of the whole subject.

A Practical Treatise on Surgical Diagnosis Designed as a Manual for Practitioners and Students in Medicine. By AMBROSE L. RANNEY, A.M., M.D., Professor of Practical Anatomy in the New York Postgraduate Medical School. Third edition, thoroughly revised, enlarged and profusely illustrated. New York: William Wood & Co., 1884.

This, the third edition, is very much increased in size over previous editions. This is due to the addition of two chapters on diseases of the brain and spinal cord and their envelopes, which certainly help to enhance the value of an already very valuable book. Quite a number of new illustrations have been added, some of them original, but the majority taken from well known surgical works. Dr. Ranney's work is recognized as a text book in many medical schools. It deserves to occupy a similar position in all of them. It is a work which should be found on the shelf of every surgeon and general practitioner.

A Manual of Bandaging Adapted for Self-instruction. By C. HENRI LEONARD, A.M., M.D. With one hundred and thirty-nine engravings—Second edition revised and enlarged. Detroit: Published by the Illustrated Medical Journal Company. Price \$1.50.

This little work, of about one hundred and sixty pages, is eminently practical in its character. There does not seem to be a superfluous word in all its pages, and the various descriptions are given with much clearness and distinctness. The illustrations are admirable, and of course assist materially in fully comprehending some of the uncommon and rarely-used forms of bandaging. A chapter which will be read with profit is the one on the preparations of the various forms of poultice—while the chapter on strapping gives much valuable information. All these subjects are of course taught in Medical Schools, and practically illustrated by Clinical Professors, but little about them is to be found in systematic treatises, and even in works on minor surgery they are treated with much briefness. This book, it seems to us, supplies a want in our Surgical literature, and we therefore commend it to the attention of our readers.

A Text Book of Practical Medicine, designed for the use of Students and Practitioners of Medicine. By ALFRED LOOMIS, M.D., LL.D., Professor of Pathology and Practical Medicine in the Medical Department of the University of New York, Physician to Bellevue Hospital. With two hundred and eleven illustrations. New York: Wm. Wood & Co.

Dr. Loomis is known to the profession principally by his admirable work on Physical Diagnosis and numerous contributions to the Medical Press of New York city. The latter have found him an admirable observer of the practical points in the history of Disease. A systematic work on the Practice of Medicine from the pen of such a man naturally receives, or should receive, a hearty welcome at the hands of his professional brethren; and that this work will receive such a reception we have not a shadow of doubt. It is elaborate, and yet, withal, concise, and the style is pleasant, if such a term may be used in speaking of a work which deals with the various medical diseases to which the human family is subject. The volume consists of eleven hundred pages, and is divided into six sections as follows: Sect. i. Diseases of the Respiratory Organs. Sect. ii. Diseases of the Digestive System, including those of the Liver, Spleen and Pancreas. Sect. iii. Diseases of the Heart, Blood-vessels and Kidneys. Sect. iv. Acute General Diseases (this includes Miasmatic Contagious Diseases, Acute Contagious Diseases, and Malaria).

Diseases) Sect. v. Chronic General Diseases (General Diabetes, Anemia, Chlorosis, Scurvy, Purpura, Alcoholism, Syphilis, etc., etc.). Sect. vi. Diseases of the Nervous System, including Diseases of the Brain, Spinal Cord, and Functional Nervous Diseases. All these various sections are illustrated to a very large extent, and we have to confess that we do not place the same value on them which the author seems to do. Doubtless to those connected with hospitals in cities, where *post-mortems* are obtainable, the illustrations will prove very valuable, but the bulk of the profession cannot get *post-mortems*, and even if obtainable have not had that education which enables them to easily recognise obscure pathological conditions. To the bulk of the profession, therefore, most of these illustrations are not of any special value, while they increase the size of the book considerably. A work on Practical Medicine does not need illustrations to make it valuable, and Dr. Loomis' work has quite sufficient in its admirable arrangement and clear descriptions to commend it to the profession without the addition of the large number of wood-cuts scattered throughout it. We say this from a fair knowledge of the work, which has been in our hands for a couple of months. We have consulted it whenever we felt it to be our duty to consult a work on Medicine, and have always felt satisfied with the information we obtained. In matters of medical treatment works by American authors are especially valuable to all practitioners on this continent: there are now-a-days so many remedies which we might say are peculiar to this side of the ocean, and works by English authors do not, as a rule, mention them. To have one or more volume by American authors in our library is a matter of necessity. We are glad, therefore, to notice that Dr. Loomis fully gives *all* the treatment followed on this continent. To any one wishing to add a work on practice to those they already possess we can heartily recommend this volume. It is printed with type which gives a very clean impression, and the entire get-up of the work is such as to do credit to its publishing house.

Woods Medical Library: A Manual of Diseases of the Throat and Nose. By MORELL MACKENZIE, M.D., London.

This is the August issue of the Library volume. The reputation of its author is such as to commend it for acceptance to the thousands who now have subscribed to this Library,

A Text Book of Pathological Anatomy and Pathogenesis. By ERNEST ZIEGLER, Professor of Pathological Anatomy in the University Tübingen.

This is the September issue of the Wood Library. It is an excellent treatise on its subject and will be acceptable to many; is a little too heavy, we fancy, for the bulk of subscribers, who must be very busy country practitioners—something more practical, we fancy, would be more to their taste. Still we suppose it is hard to publish *practical* works every month in the year and keep it up for several years.

Auscultation, Percussion and Urinalysis: An Epitome of the Physical Signs of the Diseases of the Heart, Lung, Liver and Kidneys. Edited by C. HENRI LEONARD, M.A., M.D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology, Michigan College of Medicine. Fully illustrated; Cloth, 16mo, 166 pages, post-paid, \$1.00. Detroit, Mich., 1884, The Illustrated Medical Journal Co., Publishers.

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