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CANADA

MEDICAL AND SURGICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Surgical and Other Cases occurring in Newfoundland. Reported by
WILLIAM ANDERSON, M.D., and C.M., Glasgow.

On March 2, 1869, I was called to see a primipara, aged 24, who had been in labour for twelve or fourteen hours. My first question was, "How long since the last pain?" This, neither the patient herself, who was quite sensible and apparently quite easy, nor any one about could answer, which, as a vaginal examination revealed a head well down in the pelvic cavity and an os uteri well dilated, was to me rather perplexing. On uncovering the abdomen I found two prominences, one hypogastric, the other occupying the left lateral and umbilical regions, and separated from that first mentioned by a depression passing obliquely across the abdomen, from the right hypochondrium towards the left crista ilia. I could not be certain as to the state of matters; repeated questioning as to pains, only eliciting repeated protestations of ignorance as to anything of the kind having occurred. I could make out nothing with the stethoscope that I could trust to, and under these circumstances resolved to unravel the case by delivering with forceps. The foetus, almost inanimate, was followed by a gush of blood fluid and clotted. Giving the newly born a hasty roll on the floor and a dash with water, I introduced my hand as far as the fundus of the uterus and found the secondary prominence, formed of clots and placenta (detached); the uterus to some extent contracted on the mass; ergot was at the same time given, kneading and cold combining with it, to procure a fair degree of uterine contraction; the cold applications were somewhat heroically carried out, a fair-sized snow-ball being lodged in the uterus; after contraction took place the aorta was compressed with the thumbs, while a long bandage was being prepared, to be placed as a spica, taking its origin round both thighs and transversely over a large graduated pad placed in front of the aorta, and as far as

possible above the fundus of the uterus. The patient was then removed to a dry bed the pelvis elevated by pillows. She did not turn her pale face to the wall and pass to that bourne, &c., as did a somewhat similar case not long ago reported in the JOURNAL, but made a very good recovery. It seems strange that no author as far as I know, on post partum hæmorrhage even hints at compression of the aorta. I can fancy no means more efficient for directly effecting the end in view, and feel assured that though never spoken of, it must be very generally adopted. It is as readily accomplished after the birth of a child as though nothing more than the skin intervened, and, doubtless, would save many lives lost in attempting to stop hæmorrhage by efforts limited to the uterus only. One hand ought to be employed in or on the uterus, the other on the aorta, occasional jets of blood being allowed to stimulate contraction.

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Case of Compound Dislocation of the Ankle-joint, with Comminution of the Fibula.

On July 21, 1869, I was called a distance of nine miles to see a woman who had fallen from a ladder. I found the patient a young married woman, aged 36, stretched on a bed, protesting vigorously against the efforts of a monocolous bone-setter who had been tugging at her for an hour or so. I found the left tibia projecting through a large aperture in the soft parts, its malleolar process broken close off and lying against the foot, which was everted and displaced to a great extent; the fibula was broken two or three inches above the ankle-joint. Chloroform having effected complete relaxation reduction was easily effected after flexing the leg on the thigh, and the patient was placed in bed, after the application of a side splint, the knee flexed. The antiseptic treatment was adopted, but set at nought by the patient after a few days, the application being found, at the second dressing, displaced by the end of the tibia. The case then took its course, as might be expected suppuration taking place round about, if not in the joint, and an abscess forming in the middle third of the tibia. Permanganate lotion was freely used and healthy granulation soon appeared. At the sixth week the flexed knee position became very irksome, and a straight back splint, with foot-piece, was adjusted. Partial luxation again took place, consequent on the the patient's uneasiness on a warm, close night, so the flexed position and side-splint were resorted to again. All went well, and at the third month the patient was removed from bed with the wound healed, a sinus or two excepted. From these a few considerable speculæ came away, and an abscess which formed over the

external malleolus gave out a small piece of dead bone. At the present time the patient is occasionally to be seen walking about without perceptible lameness, and it is only after prolonged walking that there is a slight halt. The scar is a little over three inches long. At the time of the accident the anterior tibial artery was torn through, the upper end of its distal portion, hanging down over the lower edge of the wound. The vessel was well closed and gave no trouble.

Case of Encephaloid of Skin of Forehead.

In September, 1871, I was asked by Dr. Fraser, of Bay Roberts, to see, with him, a man nearly seventy years old, with a large tumour exactly resembling a door-handle—a rounded knob with a narrow pedicle—growing near the right temporal ridge. A second growth, flattened and raised about one-fourth of an inch above the surface was found near the right cheek-bone. The pedicle of the large growth was tightly ligatured, and then both growths were smeared over with chloride of zinc, worked up into a paste, with its own bulk of starch and a few drops of water. Both sloughed clear away after a few days, a second application being made to the site of the pedicle of the large growth. All went well and there has been no return of disease.

In July, 1871, I was called to see a case reported by myself in the *Canada Medical Journal*, for October, 1869. Elephantiasis Arabum, affecting the left leg and thigh of a woman aged 38. As stated in the report, the limb reduced very considerably after ligature of the external iliac artery, but speedily resumed its original dimensions. I was called on account of hæmorrhage, the result of sloughing occurring at the inner aspect of the calf. I found a large putrescent mass emitting a most sickening odour, and at once suggested amputation high up. This was assented to, and on the 31st August, with the kind assistance of Dr. Howley, from St. John's, and Dr. Fraser, from Bay Roberts, I amputated through the upper third of the thigh, cutting a skin flap posteriorly, and, by transfixion, a muscle and skin flap anteriorly. No vessel was found enlarged to any remarkable extent, and the number of ligatures applied was not greater than would be required in the same position in any other case. The patient had become exhausted to an almost dangerous extent before the operation, but as such cases will, made a very good recovery. She is now stout and hearty, and able to get about very actively with the help of a crutch.

In July of the present year a man, 60 years of age, showed himself at my surgery, with the whole of his lip cancerous, the parts down nearly as far as the chin, and laterally beyond the angle of the mouth, on each side, apparently involved in the disease. The lip was greatly enlarged, very stiff, and congested to such an extent as to show a probability of early sloughing. The patient complained of intense pain, preventing all rest and rapidly exhausting him, at the same time begging hard for relief. I applied chloride of zinc paste for a few days, bringing away a pretty thick slough. This method, however, seemed likely to be futile, so I took advantage of the presence, on a visit, of Dr. Simms, of St. John's, and Dr. Fraser, to remove the whole diseased mass with the knife, as my patient's importunity for relief was only encouraged by having taken his case up. I knew the operation would surely relieve present misery, and possibly give a certain respite from death. The lip, with the soft parts covering the jaw anteriorly, were removed by an elliptical incision, the piece removed measuring five inches transversely, and between three and four vertically, leaving a good void to make up. The vessels secured, an incision from the middle of the lower border of the first was carried down very close to the crico-thyroid membrane, and two others from the lower end of this, transversely, as far as the anterior border of the sterno-mastoid muscle of each side. The flaps thus marked out were then raised as far as their bases and attached superiorly to the surfaces formed in the first incision and in the middle line to each other, leaving a somewhat rhomboidal surface under the chin to heal by granulation. On the left side the parts were brought close together and adhered, partly by first intention, partly by granulation. On the right side they were not brought quite close together, which permitted free syringing the mouth. Erysipelas set in a week after the operation, affecting the right side of face, the nose, ears and forehead, and prevented interference for securing of secondary adhesion. Some time afterwards the edges were pared and adhesion secured. The patient is now in comparative comfort, and is able to work about his farm and garden, and is much improved in general condition; still the end is only staved off, and in performing such an operation under such circumstances, whatever may be the amount of trouble, the surgeon must be content to see the disease resume hold of its victim sooner or later, and the direct end of all surgical practice frustrated, the proffered cup of cold water being his only comfort.

On October 25, of this year, a boy aged ten years was kicked by a horse on the forehead, to the right of the middle line. On

examination I found a wound of the soft parts, one inch long, and transverse in direction, situated two inches directly above the right eye-brow. There had been free hæmorrhage, and the patient was slightly collapsed but quite sensible; pulse, 86. Superficial examination showed a falling in of the integuments, circular, with hard border all round. The finger introduced into the wound found fragments of bone. The patient having been put under chloroform, the wound was enlarged crucially and certain bleeding points secured. It was found impossible to remove the fragments, placed, as they were, overlapping the edges, and held so by depressed edges of bone, so the trephine was used at the upper edge of the gap in the skull, and the desired end accomplished readily, partly with lever and partly with forceps. The dura mater was found lacerated obliquely to the extent of an inch at the lower and internal aspect of the wound, and torn to a smaller extent on the same level externally. A small piece of detached brain substance lay in the wound. Fourteen fragments, large and small, were removed; four or five of them being small pieces of the inner table, about the size of pen nibs. The wound in the skull measured three inches vertically and transversely. The soft parts were freely cleansed of clots by syringing with 1 to 40 of carbolic acid, and the edges of the incisions made brought together with sutures of Indian hemp steeped in carbolic acid, a pad of marine lint and a few strips of sticking plaster applied over all. The scalp was shaven previously to the operation. The patient was placed in a bed in a darkened room, and cold applied to the scalp. Diet, milk and water only. Pulse, 108.

October 26th, 9 a.m.—Pulse, 108. 1 p.m., pulse 124; slight pain at outer edge of right orbit; skin moist; patient quite sensible. R Tinct. Aconite M. xij., Liq. Ammon. Acet., ʒvj., Aquæ ad. ʒiij., ʒi. tertius horis. Tongue dry; to have Calomel, gr. x., immediately. 10 p.m., pulse 108; tongue moist.

28th, 4 p.m.—Face flushed; pulse, 96 to 112; remaining stitches removed; cerebral matter in wound; patient slightly irritable; 15 grs. chloral at once; added 5 minims antimonial wine to each dose of the mixture. 10 p.m., face not so much flushed; bandage firmly applied over pad covering wound.

29th, 10 a.m.—Head cool; there has been but slight pain in head or sensitiveness to light. 2 p.m., restless; to have 16 grs. chloral every six hours.

30th, 9 a.m.—Pulse, 116; head cool. 6 p.m., pulse, 108; continues as before.

November 1st.—Bandage re-applied; considerable issue of brain

in wound; pulse, 120; omit mixture, as pulse is very small and there is great thirst; patient sensible.

From this date was simply kept quiet with chloral, as death seemed inevitable. He died November 4th, convulsions of a slight character occurring frequently.

I regret that a neglect to take notes at the time the case was in progress prevents me giving more than the essential facts of a most interesting case of abortion that took place in my practice last spring.

In the last week of April I was called a distance of sixteen miles to see a woman aged 26, the mother of three children, who gave the following history: She was confined of a male child, at full period, on December 24th, 1871. Two days afterwards the child died. She menstruated three weeks afterwards, on cessation of which intercourse took place, pregnancy resulting. On March 24th she lifted a heavy potfull of soap on to a pothook in the chimney, which act was very soon followed by hæmorrhage, and a cessation of nausea and morning sickness experienced since the cessation of menstruation. Three days after the hæmorrhage came on she found herself as large as she had been accustomed to be at the sixth month of pregnancy. Between this time and the date of my being called in April, no further enlargement took place, occasional discharge of a very foetid character ensuing. On examination I found a pyriform enlargement extending a finger's breadth above the umbilicus, percussion dulness from that point to the pubes and extending several inches laterally. The swelling gave a sensation to the fingers very much like that to be felt over the seat in ordinary cases. Over the left anterior aspect of the swelling a placental sound could be plainly made out. On these grounds I made diagnosis of probable escape of embryo on occasion of first hæmorrhage, the placenta adherent, post partum bleeding, such as it was, giving rise to enlargement of the uterus; partly by mechanical distension and partly by the influence of uterine growth possessed by the ovum. The patient's general condition was one of great depression, with palor and loss of appetite. I gave a mixture of bark and ammonia, and also a strong infusion of ergot, with 15 grs. borax to each dose. Directing the friends to acquaint me with results. No change took place, so I requested transference of the patient to Brigus. The ergot and borax got a further trial, being administered at frequent intervals for three days; the vagina well distended with marine lint, on the occasions of changing which water was injected into the uterus by means of a powerful ear syringe, the nozzle of which

fitted a gum-elastic catheter, moulded to direction of a uterine sound. No result followed, the placental sound not diminished, and swelling of same size. Patient was all the while losing ground, so I asked Dr. Fraser to see her with me. We tried galvanism and kneading in addition to the previous treatment, and this failing; Dr. Fraser recommended forcible dilatation of the os uteri, and the extraction of the uterine contents. This was done on the night of May 5th, and I succeeded in partially detaching the placenta, and in removing small fragments of it by a pair of throat forceps which fitted the direction of the uterine cavity very well. The vagina was again well crammed with the marine lint, and the ergot and borax mixture ordered to be continued at frequent intervals during the night. Next morning I found the patient in a highly alarming condition: the pulse 127, the features shrivelled, the breath having the sickly scarlatinal odour of peritonitis; the abdomen tender and distended; death appeared impending. The patient was greatly distressed by retching, so, fearing bad local effects from use of syringe, I gave several doses, of what amount I forget, of acetate of morphia solution, at half-hour intervals, till relief was afforded, and went home to take rest, expecting soon to learn that all was over. About half-past one on May 6th I received a message stating that not long after I had left labor pains ensued, and had resulted in expulsion of a large quantity of clots. I went and found a vessel containing a quantity of very foetid material, like decayed blood clots, and two separate masses, like placenta, without membranes or remains of funis, not unlike a fresh clot of blood subjected to a stream of water. Patient seemed better. Hypophosphite of Soda was then given, and continued for some days with apparent constitutional benefit, and the ergot also for fear of hæmorrhage. The injections were continued twice daily until the returning water ceased to be tinged or bring away fragments of clot; the uterus slowly regained its normal size. The patient had a few ups and downs, but under good kitchen discipline ultimately made a very complete recovery. I mention the facts as they occurred; and will conclude by remarking that I think the morphia had time to exert the action it is supposed to have in instituting uterine action.

On May 5, a man aged 35 presented himself in a very distressed condition. He had had nasal polypus for nine years. The right nasal cavity was greatly expanded, and the hardened end of a very large polypus protruded beyond the edge of the nostril. This hardened condition was apparently owing to a rub with caustic administered by a medical man last year. I seized the mass with

forceps and pulled it away. Another took its place in the nostril at once. On removal of this the bleeding was frightful, its root and that of the other so friable that the usual twist had no effect. To stop this I had to plug the posterior nasal aperture, in which proceeding I thought I felt the rounded end of a third growth lying on the superior surface of the soft palate. Patient was requested to return in two hours time for removal of plug. This done, a solution of tannin was thrown up by a Pollitzer instrument, but failed to pass up left nostril and down right. This suggested examination, and a large polyp was found where suspected. Various clever attempts were made at snaring this with the assistance of Dr. Fraser, who happened to be present, but to no purpose, so in the absence of a vulsellum, polypus and other forceps were used, likewise to no purpose. Then I passed the point of my right index finger behind the soft palate, patient freely gnawing my hand, and tried hard to break the pedicle of the growth by pressing down its lobe. In this I succeeded partially, and so brought the mass into view. It was then laid hold of by catch forceps and dragged out. No hæmorrhage followed. The man is now strong and well, and without symptoms of disease. I think the pedicle was attached partly to the nasal septum and partly to base of skull. Getting the growth out occupied more than two hours, the patient fainting several times from previous loss of blood and weakness. I had an opportunity of witnessing the prolonged stimulating effects of ammonia, and feel assured that if I had to trust to alcohol, with the wretched, depressing, and stupefying effects sure to have followed doses sufficient to stimulate to the same extent as the ammonia did, I should either have failed or come very near doing so. I never use either wine or brandy in practice, considering alcohol admissible only as the solvent of active principles of drugs.

BRIGUS, N. F., November, 1872.

Vesico-Vaginal Lithotomy in a Child Seven years old. By S. H. TEWKSBURY, M.D., of Portland, Maine.

(Read before the Maine Medical Association.)

The history of the case is shown by a letter from Dr. C. F. Bonney, of Cornish, in which he says: "Was called, Nov. 15th, to visit a child of Mr. John Chandler, Upper Bartlett, N. H.; was accompanied from North Conway, by Dr. Bragdon, who, at the time, was in charge of the case. I found the patient lying on her left side, with lower extremities strongly flexed upon the trunk, and presenting a sad picture of long and intense suffering. I

gathered from the mother the following history of the case: The child had been from its birth rather delicate, but no indication of serious indisposition appeared until after her third year, when she showed signs of difficult micturition, the result, as was supposed, of injury of the spine from a fall. But after a time the urinary trouble ceased; at least escaped the notice of the mother. During the last six or eight months, however, she had had an almost constant desire to evacuate the bladder, attended with suffering so terrible that she had often begged her mother to kill her. I learned from Dr. Bragdon that she had been seen and treated by several physicians, no two of whom had been able to agree as to the nature of the case. As the symptoms pointed to urethral or cystic trouble, and as a satisfactory examination could not be made without placing the patient under the influence of ether, this measure, after some delay, was effected. I passed a common-sized female catheter into the urethra. The freedom and ease with which the catheter passed the canal disposed at once of the idea of urethral obstruction, and passing the instrument into the bladder a stone was clearly detected." Such was the description as given by Dr. Bonney. The doctor then closed with a request for me to visit the case with a view to an operation.

At my visit to see this case I found it to be as described and diagnosticated by Dr. Bonney, and that an operation was the only procedure to be adopted to relieve the sufferer. The removal of stone in the female by urethra, especially in a child of this age. I did not regard as a safe and justifiable operation, by reason of the danger of inducing incontinence of urine, which was liable to remain permanent. I therefore determined to make the vesico-vaginal section. This operation for stone in the adult female, whose vagina is of the natural size, I look upon as comparatively a simple one, but in this case exceedingly difficult, especially if I should attempt to close the opening into the bladder by sutures. The patient, however, being fully etherized, with the assistance of Drs. Bonney and Bragdon, of North Conway, and the child's father, I removed a stone the size of a pigeon's egg through the vagina and base of the bladder, and immediately closed the opening by six silver sutures.

I will describe the method in which the operation was performed. I first passed a small sound into the bladder to learn the size, as far as possible of the stone. I then commenced to gradually dilate the vagina, that I might be able to introduce one of Sims's small speculums, which, in a short time, I succeeded in doing. This brought the parts finely into view, and the instrument almost held itself by the tensely distended vagina. A grooved

director was then passed through the urethra, curved two inches from its distal extremity, with its convex surface pressing firmly in the median line against the base of the bladder, behind the neck. I then, with a sharp-pointed knife, transfixed the vesico-vaginal septum, following the groove in the director, dividing backward in the median line one inch and a quarter. I learned that it was necessary to cut in the groove of the director, and that the director should be pressed firmly against the septum, to hold the vesical and vaginal surfaces together, so that the openings in the two cavities should be in correspondence. The stone was grasped by the forceps, and a larger portion of it removed, though somewhat crushed. The other pieces were removed with a scoop, and the bladder thoroughly washed out. The sutures were applied in the usual manner for vesico-vaginal fistula, with the catheter in the bladder, and other requirements usually adopted in these cases.

The second day after the operation Dr. Bragdon, in a letter, says: "I found our little patient very comfortable. I removed the catheter that was in and introduced the other. Morphine ordered to be continued once in six hours."

Four days after the operation, Nov. 27th, Dr. Bragdon said: "I have seen the patient this afternoon and am happy to say she is doing finely. The catheters have been changed frequently. Morphine is administered twice a day." He also stated that there had been quite a quantity of sedimentary gravel passing away from time to time.

December 7th, on the fourteenth day after the operation, Dr. Bonney removed the sutures. Later, I received a letter from Dr. Bragdon, bearing date Jan. 12, 1871, in which he said: "For nearly one week after the removal of the sutures, she suffered some difficulty in voiding urine; then, for a time, was quite comfortable, but not entirely free from difficulty. About one week ago she presented symptoms like those existing before the operation. Having no ether with me at the time of my call, I deferred an examination until to-day, Jan. 12th, when, finding the symptoms still existing, I administered ether and examined by the sound, and found a stone of considerable size existing in the bladder."

He then advised my attendance on the case. Later, Dr. Bonney, by my advice, being sent for, he introduced a small pair of forceps and crushed the stone, which was of considerable size. Another introduction of the forceps revealed another stone, which was removed. Both were of the phosphatic character, and I may here state in regard to the first stone, that from an analysis by Dr. Gerrish it is principally made up of the ammonio-magnesian phosphates, weighing about two drachms.

I would here remark that Dr. Emmett speaks in his work on vesico vaginal fistula, of the frequent occurrence of calculi after the operation for fistula.

Dr. Bonney, in conclusion, says, June 12, 1871: "I am happy to be able to add that the child has had no further trouble, and is, at this time, in the enjoyment of health."

REMARKS.

Stone in the female is comparatively of rare occurrence, its ratio to the male being one case in eighteen to one case in twenty-two, according to the different authors and as existing in different countries.

According to most authorities on the subject the operation may be performed in three ways. First, by lithectomy (through a dilated urethra); second, by lithotomy; third, by lithotrity. Each has its peculiar merits.

The first, lithectomy, is most available in females who have borne children, and especially those of lax fibre. Then the parts can readily yield to the necessary limits. This mode presents the advantage of overcoming the diseased state without recourse to a serious operation. It can only be used in connection with stones of comparatively small size, however. The operation with those of considerable size is liable to be followed by incontinence of urine, hence some other method is necessary.

The third method that I have named is lithotrity (with or without dilatation). Upon this some authors make the broad statement that it should be employed, with rare exceptions, in all cases above puberty.

All agree that in cases of stone of phosphate or uric character crushing can be used almost universally, and in the case of the oxalate of lime species, to the size of an inch in diameter. This operation presents the most favorable indications in the female, on account of the shortness, size, and dilatibility of the urethra. It is contra-indicated in organic diseases, or in case of severe irritation of the bladder.

The second method, lithotomy, may be performed on the female in a variety of ways, two of which, the most important, we will notice, the supra-pubic, or the "high," and the vaginal. The "high," or supra-pubic, does not differ in women materially from the same operation in men. This, with modifications, is the only one commonly noticed by surgical authorities, Erichsen being the only author until a late date that gives the vaginal operation a place among the standard modes of procedure.

In connection with the case in hand we have to speak particularly of the vaginal operation. Not until recent times, since the

methods for the relief of vesico-vaginal fistula has been carried to such a degree of perfection, could this take position as either an approved or standard operation.

The relief of stone by this mode is not, however, of recent origin. Rousset, a French surgeon, has the credit of performing it first, in a case in which the bladder had pushed the anterior wall of the vagina before it, and protruded through the vulva. Fabricus Hildanus followed; and Gooch performed it in 1740, in a case having an existing ulceration of the septum. M. Velpeau has given the names of several operators who have adopted the vesico-vaginal method.

Most of the earlier operators speak only of the removal of the stone, and say nothing concerning the result as regards the formation of fistulæ. But sifting the literature on the operation of those early times, we are able to collect facts that go to show that the operation had little favor, on account of the resulting danger of fistulæ.

Of late this is changed altogether. The experience of the last ten years has shown that nearly every case of vesico-vaginal fistula, even when attended with great loss of substance, may be firmly and permanently closed by the improved plastic methods now used. How much more certainly the clean incision following the removal of a stone, attended with no loss of substance, can be easily seen.

M. Vallet, of Orleans, has the honour, I believe, of first performing lithotomy by a section of the vesico-vaginal walls, immediately followed by sutures. It is an operation possessing many and great advantages, for no part of the vesical walls may be incised with so little danger. Being in the median line, no vessels of any magnitude are liable to be wounded. The vesico-vaginal septum, being composed of dense tissue, is little exposed to urinary infiltration, and having a free outlet for the urine provided by catheter, such an occurrence is rendered improbable. Hence, the chance for a pelvic cellulitis is remote.

A few statistics of cases will show the relative frequency of the operation and its success. Dr. Lane, England, Oct., 1862, successfully removed a stone from an adult aged 38, immediately closing the wound by sutures, followed by complete cure. Dr. Lyon, Glasgow, in September, 1862, on adult aged 42; several sutures used; recovery complete. Dr. Aveling read an account of thirty-four cases, before the Obstetrical Society of London, which had occurred in Great Britain and in foreign countries, the details of which we have been unable to gather.* He cited a case of his own

* To be found at page 1, Vol. 5, Obstetrical Transactions.—[Ed.]

resulting most favorably. Dr. Emmett, in his work on vesico-vaginal fistula, records several successful cases of lithotomy on the adult in this country. In August, 1862, Dr. Robert Nelson performed the operation with perfect success on the adult. The expediency of the operation was fully recognised by Mr. Paget, but his mode of procedure did not combine the best means for cure. He operated, for the first time, Sept., 1859, on a child three and a half years old. The size of vagina rendered the application of sutures impossible, and incontinence of urine was the result. Mr. Ferguson, March, 1862, operated on a child nine and a half years old, using but one suture. Incontinence resulted.

These are the principal historical facts concerning the operation that we have been able to collect. They certainly seem to prophesy that vaginal lithotomy may become a most valuable operation. For each time the operation has been performed in a proper case, with the improvements afforded by modern surgery, success has followed. The instances of failure may be clearly attributed to injudicious selection of the case, and the manner in which the details of the operation were carried out.

The facts show that in an adult female, and especially in the case of a large stone, vaginal lithotomy, with the improved management of the wound introduced by Sims and others, is the safest and best procedure devised, and deserves to become one of the standard operations of surgery.

And, in conclusion, I would state in regard to lithotomy in the child, that medical literature of the old world, as far as I can discover, affords no example of the removal of stone through vesico-vaginal walls, in which a fistulous opening did not permanently exist afterwards.

And the history of lithotomy in this country, as far as I have been able to learn, does not afford *any* example of the operation.

Case of Wound of the Knee-joint treated Antiseptically. By GEORGE A. BAYNES, M.D.

(Read before the Medico-Chirurgical Society of Montreal.)

I have been requested by several of my medical friends to read before this Society a case of wound of the knee-joint, which I treated antiseptically. I shall give the notes of a few others which have come under my notice, shewing, I think, strong evidence against primary excision.

On the 1st of August, 1871, I was called to see B. N., aged 19, moderately muscular, third son of a family of eighteen children,

nearly every one of whom were more or less inclined to be scrofulous.

On returning home from the field, carrying his scythe across his arm, he put his foot in a hole and fell with his right knee on the scythe, making a clean cut six inches long, from the insertion of the vastus internus downwards and outwards, completely severing the patella, through the synovial membrane, obliquely across the point into the fleshy part of the calf, exposing the cartilaginous surface of the external condyle of the femur, and I could feel with my finger the anterior crucial ligament. He did not appear to suffer from shock. There was but little bleeding, which was easily checked by torsion. I then washed out the wound with carbolic acid lotion (1 to 30), and bringing the edges of the wound as nearly into apposition as possible with wire sutures (hair lip pins would have been preferable, but being eight miles away from home I had to use what was at hand), I then applied a Fig. 8 bandage, with a long back splint, well padded and bandaged firmly to the leg, preventing any motion in the limb whatever, after which he was carried four miles to his own home. I gave him an opiate and left directions for the constant application of the lotion. I continued the same treatment throughout. On the 12th there appeared a slight bagging of pus on the outer edge of the knee which, after a poultice, I freely laid open. This was the only obstacle to the uninterrupted healing of the wound. At no time during his illness did his pulse exceed 110, and the temperature was normal after the second day; on the first and second it varied from 100° to 104°. On the 19th I removed the splint and rested the leg on a pillow. On the 2nd September wound quite healed, and can use his limb pretty freely with the use of crutches. The last time I heard of him was December 17, when he said his wounded limb was nearly equal to the other in strength, and quite flexible.

I find a case somewhat similar in the *Lancet*, Vol. II., for 1871 at page 29, in which primary excision was performed by Mr. Bartlet, Surgeon, Hospital Birmingham. The patient died on the fourth day.

Another case was treated antiseptically in the London Hospital. The wound was one and a half inch long. The whole joint was injected with a watery solution of Carbolic Acid (1 to 15), a posterior splint applied, and perfect rest enjoined. The accident took place on the 17th October; the splint was removed on the 1st November, when he could flex his knee without pain. He was discharged cured on the 16th November.

The next case was under the care of Mr. Russell, of New-Castle-

on-Tyne. W. F. received a rectangular clean cut into the joint. The joint was syringed with carbolic oil dressing with rest. On the twentieth day after the injury the patient left the Infirmary with the perfect use of his joint.

He also reports a case of a man who had a burn over the knee, and falling down burst open the joint. He treated it in the same way. He writes and says: "The progress of the case was very satisfactory, but the joint ankylosed."

Dr. Thomas Fielding, of Dorset, reports the case of W. C., of intemperate habits, who fell on a scythe, cutting into the knee-joint and making a wound four inches long. The accident happened on the 1st September; the wound quite healed on the 20th; limb flexed to an angle of 45° without pain.

Correspondence.

LONDON CORRESPONDENCE.

To the Editor of the CANADA MEDICAL AND SURGICAL JOURNAL:

Many thanks for the JOURNAL, which was duly received. The inaugural address of Dr. Wright at the opening of the session was capital, and just like him. I could take in the whole scene as I read it. I am glad that the number of students is increasing. I have been attending University College Hospital and find plenty to learn, more especially in the out-patients room. In conversation with one of the physicians to the hospital the other day, the question was asked whether I purposed going up for any degree over here. I said I thought not. He replied, he thought I was quite right, as he did not believe that running after degrees was a profitable business, and he should suppose that in my own country the diploma of McGill University, from the acknowledged high standing of that institution, should carry as much weight as if I had half the degrees of the colleges of Great Britain. What is your opinion on this point? though I need hardly ask.

A man named Bates, I believe, made a bet that he would carry the "stars and stripes" from the Border to London, and through London to the Guildhall, without its being insulted. He arrived at Shepherd's Bush last Friday, and set out from there about 1 o'clock in the afternoon in a carriage, with his flag flying. The *οι πολλοι* cheered, and at the Marble Arch took the horses out of the carriage and drew it themselves down St. James

street, Pall Mall, Strand, Fleet Street, up Ludgate Hill, and so on to the Guildhall, where he furled his flag and made a short speech. In the evening he went to the Adelphi and divided the honours with the performers. The people over here seem *properly* and *becomingly* grateful to the United States for their magnanimous conduct towards them in the past, and especially their *mild* and *conciliatory* policy during the late "Alabama" and "San Juan" negotiations.

The gas stokers have struck in consequence of one of their number having been discharged. About 1,500 of them held a meeting in Trafalgar Square on the 4th instant. As a consequence gas is bad all over the city. At the underground stations it is very bad, and at some of the theatres they had almost to stop the performances.

I went to King's College Hospital the other day and saw Sir William Fergusson operate. The case was excision of the knee-joint in a man about forty years of age. He appeared very much reduced, and looked scrofulous. He had suffered from chronic enlargement of the joint for two or three years, and some time ago was attacked with acute inflammation of it. He suffered intense pain; large abscesses formed, running up the thigh, and the discharge was most profuse. The pus was unhealthy and very offensive, and Sir William said it was unusually great. *Operation*: The patient was placed under the influence of an anæsthetic. I am not sure whether it was Chloroform or Bichloride of Methylen, but it was not Sulphuric Ether. One assistant took charge of the flaps, another of the leg and foot to flex it, &c., as required, and a third had charge of the instruments. Sir William began with the usual incision across the front of the joint, from the inner to the outer condyle of the femur. He entered the joint and then dissected upward and downward, clearing the soft tissues from the bones. The patella was next removed. The limb being flexed he sawed off the end of the femur from before backwards. This he did with great care, and did not completely sever it with the saw, but completed its removal with the knife. He proceeded in the same way with the head of the tibia. Next, with forceps and scissors, he cleared both upper and lower flaps of all irregularities, as tags of fascia, synovial membrane, &c. The flaps were then brought together with interrupted sutures, strong, white linen thread, about the thickness of a light fishing line, being used for this purpose. I do not think the thread was carbolised, but it appeared to be well waxed. The leg was then placed on a slightly concave, iron, posterior splint, which was padded and furnished with a footboard, also carefully padded. Beneath the poplital

space a soft and not too thick piece of water-proof cloth was placed. The padding used was very soft kind of wadding, in sheets $\frac{5}{8}$ of an inch thick and glazed on both sides. The leg was strapped to the splint, the skin beneath the straps being protected by soft pads of lint. The foot was bandaged lightly and securely to the footboard, the bandage been carried partly up the leg. The wound was dressed with a large piece of wadding steeped in a solution of Carbolic Acid. Over this was placed another thick fold of wadding, and then a piece of oiled silk or gutta-percha tissue and a bandage applied lightly over all. The limb was thus kept as warm as possible. After the removal of the patient Sir William made some remarks, the substance of which were as follows: He said that the case was a very bad one, as we could see; that the mortality in excision of the knee-joint was not greater than in amputation at the lower third of the thigh, and if the man should recover he would have the advantage of a useful limb. In this case the synovial membrane and cartilages were extensively diseased, but there was no disease of the bones, which was a point in the patient's favour. In cases similar to the one just operated on, where there was acute inflammation of the joint, some would say do not interfere, do not excise, because you run the risk of injuring the reputation of surgery, and also because it might be said that the surgeon had even put the finishing touch to the disease and hastened the patient's end. But he had a higher opinion of the office of surgery than that. If you could remove the disease, which you did by removing the diseased bones and other diseased structures, you did your patient good service, for you relieved him of excruciating agony, and there was a possibility of his recovering with a useful limb. In the present case the prognosis was unfavourable, as the patient was much run down in every way, but still he might pull through and live many years with two legs instead of one, as in the case of amputation, in which operation his chances were in no way improved; or, on the other hand, if the case had been left to itself, the patient would most likely have died, worn out by the torture he was continually suffering.

At the Samaritan Free Hospital I saw Mr. Spencer Wells operate for ovariectomy. A woman about 25 or 26 years of age was the subject. She was anesthetized with the Bichloride of Methylene, placed on her back with the head and shoulders slightly raised, the abdomen was covered by india-rubber cloth—thin and soft, there was an aperture in it through which the tumour projected. This sheet was gummed to the skin, along the margins of the opening. *Operation:* Mr. Wells made an incision along the linea alba, from

about an inch below the umbilicus to the pubis. He then carefully divided the tissues down to the peritoneum, which he opened about midway in his original incision. He then divided it upwards and downwards, on a director, to the full extent of the incision, through the skin. The cyst, thus freely exposed, was tapped with a large trocar provided with a stop-cock, and india-rubber tube attached. The woman was still on her back; indeed her position was not changed throughout the operation. As the cyst emptied Mr. Wells was enabled to get his hand behind it and force it in part through the orifice, and finally, grasping it with a pair of strong forceps, he brought it entirely through. Near the pedicle some solid lumps projected from the interior of the cyst. The tumour being now wholly out of the abdomen he applied the clamp to the pedicle, which was long and broad, and then severed the mass from its root, about an inch above the clamp. There was no hæmorrhage, and there were no adhesions. He then stitched up the wound, which he did with seven interrupted sutures, silver wire being used. All the sutures were inserted through the peritoneum and overlying tissues. Each suture was held aside till all were inserted, when they were tied, beginning from above downwards. The assistant made the sutures much neater by inserting a steel probe, about the diameter of a goose-quill and flattened on one side, between the opposed edges of the skin, as Mr. Wells brought them together, and pressing down the fat fascia, &c., out of the way, so that a very clean suture was the result. The skin near the clamp was protected by pads of lint, and the cut end of the pedicle treated with some caustic which I took for potassa fusa. Pads of lint were then laid over the wound and the belly was covered with a pad of cotton wool, the whole being retained *in situ* by broad straps of adhesive plaster which overlapped and thus strongly supported the abdominal walls. Over the whole was then applied a laced flannel binder, broad enough to reach from the ensiform cartilage to below the pubis. The patient was then placed in a warm bed, in the same room, and covered up. Mr. Wells made no remarks on this case.

I have just returned from St. George's Hospital, where I saw Mr. Pollock operate for vesico-vaginal fistula, and also remove an exostosis from the tibia. Mr. Holmes also performed an operation for abscess of the vulva, and Mr. Rouse for extroversion of the bladder in a girl about 11 years old.

I have seen the Nitrate of Amyl given here with, at any rate, temporary benefit in cases of neuralgia and spasmodic asthma. It is said to be especially good in angina pectoris. I have seen it used by inhalation. It is also given internally, I believe.

I do not know if I before mentioned a case of excision of the tongue by Mr. Erichsen. It was for epithelial cancer. In performing the operation the tongue was drawn forwards, and its attachments along the floor of the mouth divided by scissors. The mucous membrane was slit up on both sides. The tongue was then drawn still further forwards and the ecraseur applied. The tongue was taken off by the galvanic cautery. During this part of the operation not a drop of blood flowed. Mr. Erichsen said that in severing parts with the galvanic cautery the wire should not be too hot, as in that case the vessels were cut through too rapidly and did not get sufficiently plugged. A dull red heat was about the proper thing.

Now, I do not know whether you will thank me for these rambling notes of operations in which you probably see nothing new; still, they were of interest to me, and I trust if you consider them worth insertion in your journal they will be of equal interest to your readers.

A. A. B.

LONDON, 10th December, 1872.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

Compound Fracture of Tibia Resulting in Spreading Gangrene—Amputation—Recovery. Under the charge of Dr. FENWICK. Reported by Mr. William Ewing.

J. H., aged 17, admitted into hospital October 24th, suffering from a severe wound two inches long and three-quarters of an inch broad, situated on the posterior aspect of the leg, about midway between the heel and knee. On examination, the upper fractured end of the tibia was found to protrude for about an inch of its extent. A large portion of muscle was also found protruding. The patient was put under the influence of chloroform, but several attempts to reduce the fracture having proved unsuccessful, three-quarters of an inch was snipped off the fractured end with the bone forceps. The tibia appeared to be driven completely through the interosseous space. The fibula was not broken. The wound was injected with carbolic lotion 1 x 40. A compress and side splint were applied.

October 24, 10 p.m.—Patient restless; pulse 100, and considerable pain in the part. Solution Morphia, M. 40, was given.

October 25, 9 a.m.—Patient did not rest well during the night; pulse 124; tongue clean now; inclines to sleep. Liq. Ammon. Act., ʒij., every three hours was ordered.

October 26, 9 a.m.—Pulse 120; temperature 100 2.5°; restless; the limb was left undisturbed; not much pain. 7 p.m., very restless; splint was removed; the limb was found in an emphysematous condition in the vicinity of the opening; there was considerable odour given off from the wound. It was injected with Lotio Carb, 1 x 20, and a hot linseed meal poultice applied. Pulv. Opii, grs. j., was given every four hours. 10 p.m., pulse 119; temperature 101 1.5°; respirations 32; patient very restless.

October 27, 10 a.m.—Pulse 108; temperature 100 4.5; foot cold; blebs found over lower and inner side of the leg, and emphysematous as high as the knee. About 3 p.m. a consultation was held; pulse found full and strong, and gangrene extending as high up as the knee. Immediate amputation was determined upon.

The lateral flap operation was performed by Dr. Fenwick, with a remarkably small loss of blood. The thigh was amputated at about its lower third.

The amputated leg, on examination, presented the following appearances: The nerve (post tibial), at the seat of the injury, was found congested and half torn through; the vein and artery were uninjured. At seat of injury the upper part of the tibia was found posterior to and riding over the lower part. The bone was splintered and split down for some distance. The periosteum peeled off both the tibia and fibula up as high as the knee. After the operation the patient felt quite well. Pulse 102.

October 28.—Patient rested well during the previous night; temperature normal; pulse full and strong.

October 29.—Patient doing well; enjoying good rest at night.

October 30, 31, and November 1.—Steady improvement noticed at each visit; pulse and temperature normal; patient taking brandy and nourishing diet. He was ordered Quinæ. Sulph., grs. xij., Tinct. Ferri Mur. ʒij., Aqua ad. ʒvj. Tablespoonful three times a day. The patient has continued to progress favorably, and at the time of closing this report, 17th December, the stump has quite healed; the boy sits up in the ward every day; he is still pale, but his appetite is good and he is rapidly gaining strength.

Compound Comminuted Fracture of the Elbow-joint with Extensive Laceration of the Soft Parts—Amputation—Recovery. Under the care of G. E. FENWICK, M.D. Reported by Mr. D. O. Alguire.

Amable P., aged 18, sailor, was admitted into the Montreal General Hospital on the 9th October, 1872, suffering from extensive injury to the left elbow-joint, produced by the bursting of a cannon on board a steamship while sailing up the river. It appears that this man was lying in his bunk when the accident occurred, and he was struck on the back of the left elbow-joint, but whether by a fragment of the cannon or a splinter from the deck does not appear. The accident had occurred several hours before his admission and the man had not wholly recovered from the shock.

On examination the following condition was observed: A large lacerated wound was found on the outer side of the arm, extending from about three inches above the elbow-joint downwards to four inches below the olecranon process. The integument was rolled back and the soft parts reduced to a pulpy condition; the joint was open; the external condyle fractured; the entire articulating facet for the head of the radius was separated and thrown forward; the head of the radius was dislocated, thrown forwards, and rested on the point of the coronoid process of the ulna; the radius itself was fractured just below its tubercle, and the fragments separated: there was also fracture of the outer angle of the olecranon process; there was little or no hæmorrhage; indeed it was stated that the man had, at the time of the injury, lost comparatively little blood; the arteries appeared uninjured; the radial pulse was quite distinct, as full, indeed, as that in the uninjured arm; the musculo-spiral nerve, just where it emerges at the bend of the elbow, was laid bare for about two inches of its extent. From the extensive crushing of the soft parts and injury of the joint it was thought advisable to amputate the arm. This operation was at once performed by the circular method, the limb being removed about the middle third of the arm, above the seat of the injury, and in apparently uninjured tissue. The muscles, when divided, appeared somewhat infiltrated, and the supinator longus and external head of the triceps muscles were detached from the humerus. This necessitated sawing the bone higher up than was at first contemplated, as at certain points it was found denuded of periosteum. Three ligatures were applied, the edges of the skin were brought together by four sutures. A piece of lint saturated with carbolic acid lotion—1 to 40—applied; this was covered with gutta percha tissue, and a roller to support

the dressings in position. There appeared to be a superabundance of skin, the flap being longer than it otherwise would have been, due to the removal of an extra slice of bone. Dr. Fenwick stated that he had seldom removed an arm with more regret than on the present occasion. The injury appeared at first sight to be of that nature which admitted of putting in practice the rules of conservative surgery, but on a more careful inspection of the parts he found that nothing but amputation gave the patient a chance of life. Everything progressed favorably until the 15th, when the patient had a rigor, was hot, feverish, with accelerated pulse and furred tongue; the stump was painful and had an erysipelatous blush; two sutures were removed, when some pus and shreds of dead cellular tissue flowed away; a small circumscribed slough formed on the lower flap which in due course separated, leaving healthy granulations beneath; the wound closed kindly; the patient rapidly improved, and was enabled to leave the hospital on the 9th November, just one month from the date of his admission.

Case of Charbon or Malignant Pustule—Recovery. Under the care of Dr. FENWICK, Attending Surgeon to the Montreal General Hospital. Reported by T. G. Roddick, M.D., House Surgeon Montreal General Hospital.

F. Fox, aged 56, came to the hospital on the 18th November, asking admission. He appeared a prematurely old man, being much stooped and very gray. He presented a somewhat hideous appearance, from the fact that the entire lower lip, from the chin below to the edge of the lip above, and extending on the left side far into the cheek, was swollen to five times its natural size and black in color, as though it had been charred; the tissues, for some distance on all sides, were infiltrated, indurated, and brawny. He said that up to three days before he presented himself he had been working in a part of the canal known as Douglas's Basin, where it is the custom to deposit dead animals or offal of the more bulky kind. He first noticed a little pimple, to the left of the middle line, on his lower lip, which was itchy, but on the slightest irritation became intensely painful and annoying. In twenty-four hours from the time it was first noticed it had reached the size of a twenty-five cent piece, until, on admission, it had gained the proportions I have mentioned. He looked haggard and was so weak when he reached his bed as to be unable to get into it without assistance; pulse, 140; temperature, 102.5; respirations, 40, and laboured; extremities cold;

countenance livid; there was extensive œdema of the entire cellular tissue of the neck, extending down to the fourth rib, and over the left shoulder into the arm; the eyelids were also puffy and almost closed; judging from his speech and breathing there was evidently slight œdema of the glottis, and the tongue was also swollen. He was immediately ordered, internally, the following: Tinct. Ferri Mur., ζss ; Quinæ Sulph., gr. ij.; to be given in water every four hours; in addition, eight ounces of whiskey and two pints of beef-juice were ordered to be given in twelve hours; to the lip was applied, on lint, a solution of one to five of carbolic acid, and poultices of linseed to the œdematous chest. At night the eight ounces of whiskey and two pints of beef-tea were repeated, and at 9 o'clock on the morning of the 19th November, or the day following his admission, his pulse had fallen thirty beats, (110); temperature, 100 1.5; respirations less frequent and labored, and he expressed himself as much more comfortable in every respect; the inflammatory thickening about the diseased part had subsided to a considerable extent, being confined to about an inch on either side.

November 21st., at noon.—The treatment described as being practised every twelve hours has been scrupulously adhered to, and the symptoms have abated with marvellous rapidity. There is no longer any œdema of the cellular tissue of the chest or puffiness of the eyelid, and the induration surrounding the diseased portion has entirely disappeared. His pulse is 84; temperature, 98 3.5; respirations normal and tranquil. The temperature taken on three different occasions during the past twenty-four hours has never been higher than 99°. He expresses himself free from all pain and uneasiness, and says if his lip were well he could leave the hospital. The lip is less swollen, but is still black and gangrenous looking, although very painful to the touch. Instead of the lotion used hitherto, poultices of linseed meal containing carbolic acid were substituted. Before applying the latter, however, Dr. Fenwick made two incisions, in a longitudinal direction, through the lip, which exposed healthy tissue beneath and bled freely. During the past seventy-five hours—since his admission—the man has consumed over two pints imperial of whiskey, and to that in very great part must, I think, be attributed his marvellously rapid recovery. With the exception of the sleep it induced (as he had no hypnotic) I could never satisfy myself that he was affected by the stimulant, as he would undoubtedly have been in health. He was, I had forgotten to mention, a temperate man, seldom indulging in more than a couple of glasses of ale in the day. The sudden fall of the temperature was one of the most

remarkable features of the case, and could likewise be attributed, in a great measure, to the stimulant, as we so often see in fever. After the third day the amount of whiskey was diminished to six ounces in the twenty-four hours, as also the quantities of iron and quinine in the mixture. His tongue was comparatively clean throughout, but constantly dry, from the fact that he was unable to close his mouth. The slough separated at the end of ten days, and the wound rapidly healed under red wash and water dressings alternately applied. There is little if any deformity remaining.

Case of Purpura (Simplex). Under the care of Dr. WRIGHT. Reported by Dr. Chipman, Assistant-House-Surgeon Montreal General Hospital.

M. G., aged 19, a native of Scotland, was admitted into the Montreal General Hospital on the 13th November, 1872, complaining of rheumatic pains in the knee-joints, and down the calves of the legs, and the ankles. He is very tall for his age, being over six feet, but pretty well built; he says he grew very rapidly from the age of fourteen until he was eighteen years of age; he has dark hair, and is rather pale, and not very stout; before he emigrated to this country he had been employed as a farm laborer; for a year past he has been engaged as a deck hand on one of the lake boats; he had been in the city about three months when he came to hospital; he says he has suffered no privations, and has always had plenty of good food; his general health has been excellent, and he has had no severe illness since childhood.

Present Condition.—Pupils large; tongue slightly furred; bowels open once a day; appetite good; no cough or any abnormal condition of the respiratory system; pulse quiet; the pains in the legs of which he complained had troubled him for five days past.

On examination a thickly-spread eruption of small purple spots (in size varying from a pin's head to a split pea) was found on both thighs; this, he said, had first made its appearance about seven days ago; he said that he had no epistaxis or any other hæmorrhage; the gums were not spongy; he has hæmorrhoids, but they do not bleed. He was put on full diet and ordered the following mixture:

℞ Ol. Terebinth, ℥vj.
Tr. Aurant, ℥iiss.
Ol. Cinnamon, mx.
Alb. Ovi.
Mist. Acac ad, ℥viii.

A dessertspoonful to be taken every four hours.

14th.—The pains still continue in the legs, but are not so severe; the rash is fading; it is of a brownish color to-day.

15th.—The rash is of a pale, greenish-yellow color to-day; tongue cleaner; did not sleep very well last night on account of some headache.

16th.—The rash has disappeared.

18th.—To-day a fresh rash, similar in character and of a decided purple color, and much more profuse than the first, (extending all over both extremities, and symmetrically distributed,) made its appearance.

20th.—A rash appeared on the forearms this morning, also symmetrically distributed.

21st.—The eruption is paler this morning; the former mixture was stopped, and he was ordered Plumb Acet., grs. v., ter die., and Raspberry Vinegar as a drink.

22nd.—The eruption is gradually disappearing; complains of slight headache.

23rd.—Most of the eruption has disappeared; a few apparently fresh spots are noticed on the legs and at the bend of the elbow.

24th.—A fresh eruption made its appearance to-day, most marked on the calves of the legs.

25th.—The eruption is beginning to fade; the pupils are still large; tongue clean, and bowels act once a day in spite of the acetate of lead; the quantity of urine is normal; complains of some pain in the left knee.

28th.—Eruption entirely disappeared; the acetate of lead was stopped, and he was ordered instead the following:

℞ Magnes Sulph., ʒj.
 Ferri Sulph., grs. xxxii.
 Quin. Desulph, grs. xx.
 Acid. Sulph. Aromatic, ʒj.
 Aquæ ad, ʒviii.
 ʒss. ter in die.

Dec. 1st.—A few fresh spots noticed on thighs, but not as bright as formerly.

4th.—The spots have disappeared.

From this date no fresh eruption came out up to the time of his leaving the hospital.

Dec. 9th.—Left the hospital to-day cured.

Case of Tertian Ague, originating in Montreal. Under the care of Dr. WRIGHT. Reported by Dr. Chipman, Assistant-House-Surgeon Montreal General Hospital.

T. K., aged 47, a native of Ireland, was admitted into the Montreal General Hospital on the 25th November, suffering, as he said,

with chills and fever. He is a spare man, of medium height and of a pale and sallow complexion; he has resided in Montreal for three years past, in St. Patrick street, Point St. Charles; he came direct to this city from London, England, where he had been twenty seven years engaged in a sugar refinery; he has never been out of the city since his arrival; he is a widower; his general health, up to the present time, has always been excellent, and he is temperate and regular in his habits; he believes he has lost about twenty pounds since his present illness commenced; about five weeks ago he commenced to feel unwell, and complained of chilliness and pains in his legs; this feeling lasted about a fortnight, and he felt unable to do any work; at the end of this time—one day between 1 and 2 o'clock—he was seized with a severe chill, with which he went to bed; the shake, he says, lasted nearly three hours, and was followed by a hot stage lasting about an hour and a half, and this by a sweating stage of three-quarters of an hour; since then he has had a chill every second day; he has several times bought quinine at the druggists and taken it, but without effect.

On admission he complained of weakness and loss of appetite; tongue slightly furred at sides and red at tip; pulse 64, regular.

26th.—When making the visit to-day it was found that he had had a chill, which commenced about 11 o'clock; he was just commencing to sweat at the hour of visit—12:30. Dr. Wright ordered Chloral \mathfrak{zss} . to be given before the next expected paroxysm.

28th.—He commenced to shake about 10 o'clock this morning, shortly after he had taken the Chloral, the chill lasting till about 11; when seen at 11:10 he was in the hot stage; respirations, 36; pulse, 120; temperature, 105 3.5; at this time of the visit he was sweating profusely. He was ordered Chloral $\mathfrak{ʒij}$, to be taken about an hour before next expected paroxysm; in the evening his pulse was 64; temperature normal.

30th.—This morning about 10, in spite of the chloral, the chill came on, and I saw him in the cold stage; he was all covered up in bed, and shaking very much; respirations, 32; pulse, 100; temperature, 101 2.5; the chill lasted about half an hour, and at the hour of visit he was again in the sweating stage. Ordered Chloral $\mathfrak{ʒj}$ before next paroxysm.

Dec. 2nd, 9:20 a.m.—Has taken the chloral; respirations, 16; pulse, 80; temperature, 98 2.5. 10:20, just commenced to shake, the chill lasting nearly an hour. 11:30, in the hot stage; respirations, 38; pulse, 114; temperature, 104 1.5. 12:30, not quite over the sweating stage; temperature, 104 4.5. Was ordered Ferri et Strychinæ Citratis, grs. ii, ter in die.

Dec. 4th.—Commenced to shake at 9:20, sweating profusely at 12:30.

He had last shake on Friday the 6th instant; the Iron and Strychnine was increased to four grains three times a day.

Dec. 15th.—Had no shake last week; had a slight chill about 1:30 to-day, lasting about ten minutes; was sweating about 2:30, and over at 3 p.m.

18th.—He says he sweats a great deal every night now, but has had no regular chill since Sunday; his color is somewhat better, and his appetite is improving.

Case of Bright's Disease—Death—Autopsy. Under the care of
GEORGE ROSS, A.M., M.D. Reported by Mr. J. C. Cameron.

H. S., was admitted to the Montreal General Hospital on 31st August, in the following condition: Has always been a very intemperate woman, and, to use her own expression, "worked hard and drank harder;" has frequently undergone a great deal of hardship and exposure, being naturally of a strong constitution; had been in hospital for some little time last year, suffering from anasarca, and was discharged much improved.

She states that she has suffered some days with great swelling of the legs, the pains and œdema becoming rapidly worse; some difficulty, too, was experienced in breathing; has been ailing only a short time before entering hospital—probably four or five days. She complained, on entering, of great tenderness of surface, œdema of the lower extremities, and general debility; her temperature is about normal; bowels regular; respirations very labored, with an intolerable feeling of suffocation; circulation very feeble; pulse, at times, rapid and fluttering; urine small in amount and pale, with a heavy sediment, literally full of albumen, and under the microscope found to be crowded with pus-cells; her general appearance is one of œdema, the peculiar watery conjunctivæ being particularly well marked; there existed a very decided erysipelatous condition of the lower extremities, with intense pain upon the slightest pressure, but somewhat less severe when the pressure was firm and deep; this condition was observed below the knees only, and in the right more than in the left leg; sleeps nearly all the time, but is frequently aroused by the difficulty she finds in breathing. Was ordered the following: Tr. Ferri Mur., mxv. Liq. Ammon. Acet., ʒj. Acid. Acet., q.s. Aquæ ad, ʒss.

This draught was ordered to be repeated every six hours.

Five incisions were made in the legs, which gave great relief; the blood which escaped was thin and contained a large amount

of serum; she gradually sank, however, the dyspnoea becoming worse; delirium supervened, and she died on the 7th of September, having been one week in hospital.

AUTOPSY TWENTY-NINE HOURS AFTER DEATH.

Considerable effusion into pleural cavity.

Lungs.—Extensive adhesions from old pleurisy; both lungs very œdematous, more especially the left; extensive puckering of the apex of the right lung, not so marked in the left lung; the lower four-fifths of the upper lobe of the left lung quite solid, containing a semi-purulent fluid in large quantity, showing the existence of a severe and rapid pneumonia; the apex, however, was quite crepitant.

Heart.—Normal.

Spleen.—Very small, congested, with a large white pucker or scar on its outer margin.

Liver.—Small, peculiar in shape, its transverse diameter being much lengthened.

Kidneys.—Large and heavy, weighing seven ounces each; very firm and tough; pyramids few, pale, irregular, and scattered; cortical portion almost obliterated, the whole kidney resembling, when cut, a piece of very fat bacon, with here and there a slight trace of lean; capsule somewhat adherent, tearing off with it portions of the substance of the kidney, and leaving behind a decidedly granular appearance, with an occasional small cyst.

Bladder.—The internal surface covered with irregular red patches and presenting a peculiar, mottled, greyish appearance; evidently extensive inflammation had been present, which accounted for the pus discovered in the urine.

Gall-stones.—Eighty of them were extracted, one being of a very peculiar shape, as large as a hickory nut, with the corners rounded and curved upon the body, very much like the flange of the screw of a steamer.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Meeting held 30th November, 1872.

This evening was held the regular meeting of this Society, in their rooms, University street, the Vice-President, Dr. Reddy, in the chair.

The minutes of the last meeting were read and approved. After the transaction of routine business Dr. F. W. Campbell read a

paper on a case of Tertian Ague, which was of local origin. The subject of the attack was born in Montreal and had never resided out of the city. There was nothing of special interest in the case except the fact of its occurring in an individual who had never been absent from Montreal. The immediate cause of the attack appeared to be exposure to cold, it having followed a bath in the Lachine canal early in the month of June. The disease yielded to full doses of quinine administered an hour before the expected paroxysm.

Dr. Scott observed that in his experience intermittent fever of local origin was extremely rare. Thirty years ago cases were occasionally seen in quarters of the city which were badly drained. He had seen cases of purely local origin below the line of Côte à Baron, but at that time there was a large swamp extending for a considerable distance eastward. Within the last few years, however, a tunnel had been made through that swamp and, as a consequence, the locality was in a far better sanitary condition.

Dr. Robillard stated that during the past year he had seen a case of ague in a young lad who, at that time, resided in Victoria street, which is a new street, opened only during the past five or six years. It is true that the boy had been with his family during the summer months at one of the villages on the lower St. Lawrence.

Dr. Roddick stated that there was a case of ague under treatment at present in the Montreal General Hospital, under the medical charge of Dr. Wright. Perhaps Dr. Chipman, the Assistant-House-Surgeon, would mention the prominent features of the case.

Dr. Chipman gave a *résumé* of the case up to this period. (A report of this case will be found under the heading of Hospital Reports in the present number of the JOURNAL.)

Dr. Hingston said that ague, in his experience, was extremely rare. Drake, in his work on the "Diseases of the Central Valley of North America," states that no cases of ague of local origin have been observed east of the village of Lachine. He could not state how this information had been obtained, but he was under the impression that it was erroneous. In fact, last year he had seen two cases of undoubted ague, in a family, who reside a mile or so, North East of the city, near the quarries at Petite Côte, and in conversation with Dr. Howard on the subject he said that he had seen cases of ague in the vicinity of Chambly. After the American War he admitted into his hospital many cases of ague in discharged soldiers, he was in the habit of treating ague with large doses of Quinine, sometimes as much as thirty grains given

an hour before the expected attack and seldom less than twenty.

Dr. McEwan, of Carleton Place, Ontario, stated that he had met with many cases of ague in a district in which he formerly practised, near London. In the immediate vicinity of his residence the country was dry, but there were swamps in the neighborhood. He had noticed the disease occurring at all seasons of the year; in early spring, as during the summer, and in the autumn. In respect to treatment he found that moderate doses of quinine, from six to ten grains, given before the expected paroxysm, would cut short the disease. He had never required to give those heroic doses spoken of, as twenty or thirty grains of quinine. He had tried cinchonine, but it was not satisfactory, and required to be given in very large doses.

Dr. George A. Baynes then read a paper on a case of wound of the knee-joint, in which the joint had been laid open by a fall upon a scythe. (This paper will be found amongst the original matter of the present number of the JOURNAL.)

Dr. Hingston believed that joints would in some instances suffer injury and be freely opened without permanent impairment of their functions. He had been in the habit, for some years past, of tapping joints even in the acutely inflamed state, and he did not consider it a matter of such great importance, the exclusion of air. He had tapped the knee-joint in acute synovitis, in some cases where he felt convinced air had entered the joint, no evil results followed. He did not consider it necessary in such cases to employ antiseptic dressings, as he believed that rest, good air, and general sanitary arrangements, with scrupulous cleanliness, were sufficient.

The Chairman thought that the aspirator would be a very fitting instrument to employ in such cases, when the amount of fluid was so considerable as to injuriously press upon and stretch the tissues of the joint. It would answer every purpose if the object was to remove tension. That object would be fully attained by the use of Bowditch's aspirator as by the more heroic method, and to his mind more dangerous method of plunging in an ordinary trochar. He should like to hear Dr. Fenwick's opinion on this point.

Dr. Fenwick remarked that he had no opinion to offer. He never had tapped a joint acutely inflamed, nor did he think he could be induced to do so, as he found that other methods of treatment less heroic, but, in his opinion, more safe, answered the purpose very well.

Dr. Baynes remarked that in saying he had treated the case antiseptically he was in error, that is, he had not adopted the method of Mr. Lister; he had merely washed out the wound, and

syringed out the joint with a solution of carbolic acid, and then brought the edges of the wound together, preserving perfect rest to the joint by a back splint. The patient was able to leave his bed about the fourteenth day after the accident.

The Society then adjourned.

Reviews and Notices of Books.

Galvano-Therapeutics; the Physiological and Therapeutical Action of the Galvanic Current upon the Acoustic, Optic, Sympathetic, and Pneumogastric Nerves. By WILLIAM B. NEFFTEL, M.D. New York: D. Appleton & Co. 1871.

This little volume of one hundred and sixty pages, elegantly bound, is the forerunner of an extensive treatise, in two volumes, about to be published, on the diseases of the nervous system and the galvanic current in its relation to physiology, medicine, and surgery. Dr. Nettel was, in 1852, awarded the prize of the Imperial Medico-Chirurgical Academy of St. Petersburg, for an essay on the "Diagnosis of Diseases of the Nervous Centres," and appears to have always taken the deepest interest in diseases of the nervous system.

The article on *Electro-Otiatics* was first read before the New York Medical Journal Association in 1870, and appears to be exhaustive of the subject. The author is not, however, as clear as he might be in the descriptions of his apparatus, taking it too much for granted that his readers are all electricians. The acoustic sensations produced by the galvanic current are very various in different individuals in a state of health. Thus some experience a clear, high, sharp metallic sound, sometimes of a pleasant and distinctly musical character, like the ringing of a bell, the sound of a stretched cord, as of a guitar or other stringed instrument; the sound of a glass, or of vibrating metallic plates. Sometimes the sensation produced is that of a murmur; it may be like the distant explosion of a cannon, the rolling of a heavy vehicle, or whistling, hissing, buzzing, and many other noises. The lower current intensities usually call forth murmurs, the higher intensities musical sounds. The acoustic reaction appears to be called forth not only by the closing and breaking of the current, but also by sudden and large fluctuations during the uninterrupted flow of the current. Fluctuations with increasing intensity have

the same effect as the closing, and fluctuations with diminishing intensity the same as the opening of the current. Dr. Neffel warns operators against these causes, either in the nervous apparatus itself or in the conducting structures of the auditory organ, which are apt to modify the results of their treatment; such, for example, as accumulations of hardened ear-wax, deposits of morbid products, adhesions of the walls of the meatus, &c. Those cases which seem to be most benefitted by the galvanic treatment are simple hyperæsthesia and torpor of the nerve, tinnitus, aurium, catarrh of the middle ear, facial paralysis with deafness, &c.

The author illustrates the action of the galvanic current on the sympathetic nerve with a number of cases of various diseases where ordinary medical treatment has proved unavailing. The thoracic and abdominal ganglia are recommended to be galvanized by applying one electrode to the inferior cervical ganglion and the other to the sides of the lumbar vertebræ. Galvanization of the splanchnic nerves is recommended in certain forms of epilepsy where the aura, which invariably precedes every attack, is situated in the epigastric region. Dr. Neffel attempts to explain the origin of the epileptic attacks and the beneficial effect of galvanization of the splanchnic nerves in the following manner: "From some unknown cause, all the visceral vessels under the command of the splanchnic nerves suddenly become dilated and filled with blood, which causes complete anæmia of the brain, as indicated by the pallor of the face and the whole body, which calls forth epileptic convulsions. In this particular case I galvanize the splanchnic in the reverse manner to the one which, as experience has taught me, produces general anæmia, and thus prevent the epileptic attacks." Dysmenorrhœa, irritable uterus, irritable testes, asthma, whooping cough, angina pectoris, and the various forms of hyperæsthesia are recommended to be treated by stimulating and giving tone to the sympathetic system by means of galvanism.

We heartily recommend the perusal of this little work to those especially interested in the subject, and shall await with anxiety the publication of Dr. Neffel's more voluminous work on the same branch of medical science.

Handy-book of the Treatment of Women's and Children's Diseases, according to the Vienna Medical School, with Prescriptions. By Dr. EMIL DILLUBERGER. Translated from the second German edition by Patrick Nicol, M.B. Philadelphia: Lindsay & Blakiston. 1871.

Here something of greater or less importance is said of all the ills to which the flesh of women and children is heir, with an

immense variety of prescriptions for their amelioration and cure. The Austrian treatment of these cases appears to be identical with that practised by British practitioners; but to judge from the length of some of the prescriptions recommended by Dr. Dillu-berger, Austrian mothers and their offspring are to be pitied if sickness should happen to overtake them in their own country. In severe cases of *croup* the author recommends cold effusion along the spine, and musk and assafoetida, in large doses, in the stage of collapse. *Hydrocele* in children is recommended to be treated radically by Linhardt's plan, which consists in the subcutaneous division of the prolongation of the tunical sac with a fine tenotomy knife, with concave-cutting edge, in the following manner: A fold of the scrotum being raised up, a finely pointed tenotomy knife is inserted, carried on flatwise for some distance between the skin of the scrotum and the serous sac, and then an incision, one to one and a half inch long, is made with the tenotome. Soon œdema of the scrotum comes on, which, however, quickly passes off, and the processus vaginalis closes. In *syphilis neonatorum* corrosive sublimate baths are used with marked effect by some Austrian practitioners. In the treatment of the diseases of women the work contains nothing worthy of special mention.

Mr. Nicol, the translator, adds a few notes on British practice, for which there is, however, really no necessity, as the original comprises all the different modes of treatment practised in England at the present day.

The book, which contains over two hundred pages of reading matter, is neatly got up, and, from its size, can be carried about, for the sake of reference, without inconvenience. It is very well adapted for country practitioners, who are often so far away from their libraries.

Meteorology and its Professors. Respectfully dedicated to all whom it may concern, by their obedient servant, THOS. D KING.

We have received a pamphlet with the above heading. It is an exceedingly well written and pungent article, being chiefly strictures on the Montreal Observatory and its Director. We have not seen any published refutation of the charges contained in this pamphlet; charges of a very damaging character, touching the accuracy of the published observations of the Director of the Montreal Observatory. We trust that the charges are not unanswerable. Certainly, if the allegations are true, and we have no means of deciding the points at issue, then, indeed, are the obser-

vations which are published worthless as a scientific record of the Meteorology of Montreal. The writer says, "It is difficult to understand why the study of the air, weather, and seasons, with the varied and interesting appearances which they present, has not received greater attention from educated persons, more particularly from those who are interested in agriculture and shipping." We might also add, from those interested in connecting the occurrence of disease, either endemic or epidemic, with climatic changes. He goes on to say that one reason for the little notice given to Meteorology in Montreal may arise from the fact that the Professor of Meteorology in McGill University has not given to the pupils of that institution "popular lectures on a science as necessary as natural history, geology, and astronomy; teaching them on 'the balancings of the clouds' mentioned in Holy Writ as a part of the wondrous works of Him who is perfect in knowledge." Of this we are unable to say whether or not a course of instruction in the science of Meteorology forms a part of the Arts course of McGill University. If it does not, then do we think it is needless having attached a Professor of that branch. If it does, and that regular lectures are given to the students of the University, it would be as well for the statement above quoted to be contradicted under authority.

The author calls in question the accuracy of the observations made at the Montreal Observatory, more especially of the maxima and minima thermometric records. It has been to many a matter of surprise the amount of heat and cold registered at the Montreal Observatory, generally several degrees over or under those of other observers. This has always been put down to instrumental error, but whether on the part of the instruments used at the Montreal Observatory or of those used by the amateur was not determined. The author of this pamphlet, however, was not satisfied with the accuracy of these published statements and he determined to test them. He says that he took, for four months, hourly observations between 7 a.m. and 9 p.m. These observations were made with standard instruments, supplied from the Kew Observatory. Several sets of thermometers and hygrometers were so placed as to be protected from all sources of radiation, and yet discrepancies were continually occurring between his readings and the published records of the Montreal Observatory. He says: "For instance, to show that these thermometric discrepancies, or differences, or disagreements, or errors, or whatever name may be adopted for the nonce, are not due altogether to instrumental errors, whenever the days were very cloudy, or overcast, or hazy, or foggy, the recorded and published temperatures of the Director

and the writer were alike—or, at least, within a small fraction—sometimes absolutely the same; but, let the sun shine, and that very brightly, from 2 to 4 p.m., then the Director's maxima temperatures were in excess of the writer's by 2, 3, 4, 5 and even 6 degrees; therefore, in all charity he is forced to the conclusion that the instruments in use at the "Montreal Observatory" are improperly placed, or that the recorded observations are misrepresented. To accept the published records of the Director he cannot; they are in such direct opposition to possibilities that he is compelled to characterize them as either anomalous or incorrect."

The situation of the Observatory is next commented on, and we must admit that in our opinion it is badly placed. As to being able to procure the force or direction of the wind, the thing is impossible from the present site. We have ourselves seen what sailors term a "half gale" blowing in rear of the mountain, and on driving along Sherbrooke street the cups of the anemometer at the Montreal Observatory have been at a stand still. But not only is the character and accuracy of the observations and the fitness of the locality of the Observatory called in question, but the very instruments are declared to be of improper quality, as the writer observes: "If it is desirable to attain a thorough knowledge of laws, as yet unknown, that govern the motions of the atmosphere, and what may be termed the strange caprices of the weather, and to further the great Meteorological service," &c., &c., "the Montreal Observatory must, then, be placed immediately upon another basis, in order to make the organization of the Meteorological service such as to admit of the pre-announcement of storms and the adoption of an uniform system of observation." If the Observatory is wrongly placed, and no man can say it is unexceptionable in that particular, then, in the name of common sense, let the site be changed. Personally we always regarded it a mistake to erect the building in the present location.

One other question we will notice, one of great moment to the maritime interests of Montreal. We allude to the dropping of the time ball at the wharf, near the Custom House, at the hour of noon, mean time. The writer says, speaking of the accuracy of the performance of this service, * * * "the time ball on the wharf, near the Custom House, was dropped, under the supervision of the Director, within one minute, two minutes, and sometimes three minutes of the mean time,—perhaps to some not a matter of moment." In respect to this statement we believe it to be true, as recently, while in conversation with one of the officers of one of Messrs. Allan's steamships, we were told that if a ship master rated his chronometer by the dropping of the time ball in

Montreal harbour he would be put out of his reckoning from fifty to one hundred miles, and that this fact was known to every mariner who entered the port. This is a most serious matter, and one which might be followed by disaster, loss of life, and property. It only illustrates more forcibly than words can express the necessity for individuals to confine themselves to occupations with which they are familiar, and not attempt too much, by which they may seriously mislead others and bring upon themselves disgrace and ridicule; and furthermore, if the Government of the country considers that these observations are worth recording, or wish to carry out an international system of observation, then let it be done in no spirit of parsimony. Scientific observations require scientific observers, and if the country demands observations which are admitted to be useful—nay, even indispensable—then they must be paid for; but we think it is much to be deplored that apparent deserved obloquy should be thrown on this particular branch of the service of our country, and that chiefly because the country will not pay for having the service efficiently done.

BOOKS RECEIVED FOR REVIEW.

The Pathology, Diagnosis, and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By GRAILY HEWITT, M.D., Lond., F.R.C.P., Professor of Midwifery and Diseases of Women University College, and Obstetric Physician to the Hospital, &c., &c., &c. Second American from the third London edition. Revised and Enlarged, with One Hundred and Thirty-two Illustrations. 8vo; pp. 751. Philadelphia: Lindsay & Blakiston. 1872.

A *Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits.* Illustrated by numerous Cases and Engravings. By WILLIAM ROBERTS, M.D., Fellow of the Royal College of Physicians, London; Physician to the Manchester Royal Infirmary; Lecturer on Medicine in the Manchester School of Medicine. Second American from the second Revised and considerably-improved London edition. 8vo; pp. 616. Philadelphia: Henry C. Lea. 1872.

Surgical Diseases of Infants and Children. By M. P. GUERSANT, Honorary Surgeon of the Hôpital des Enfants Malades, Paris; Honorary Member of the Société de Chirurgie, etc. Translated from the French by Richard J. Duglison, M.D. 8vo.; pp. 354. Philadelphia: Henry C. Lea. 1873.

Obstetric Aphorisms for the Use of Students Commencing Midwifery Practice. By JOSEPH G. SWAYNE, M.D., Physician Accoucher to the Bristol General Hospital, &c., &c. Second American from the fifth Revised English edition, with additions by Edward R. Hutchins, M.D. 8vo.: pp. 189. Philadelphia: Henry C. Lea. 1873.

Wöhler's Outlines of Organic Chemistry. By RUDOLPH FITTIG, Ph.D., Nat.Sc.D., Professor of Chemistry in the University of Tübingen. Translated from the eighth German edition, with additions by Ira Remsen, M.D., Ph.D., Professor of Chemistry and Physics in Williams College, Massachusetts. 8vo.; pp. 530. Philadelphia: Henry C. Lea. 1873.

HYDROPNEUMOTHORAX.

Sir Henry Thompson, M.D., F.R.C.S. (*British Medical Journal*, Oct. 5, 1872), in a clinical lecture on this rare disease, stated that he had been induced to modify some of the opinions formerly expressed by him. He was of the opinion, whatever the view taken of the case on admission—whether the man was phthisical or not—whether a gap in the pleura existed at the time, or not—under all circumstances, an operation was unavoidable. But the drainage-tubes ought to have been inserted either on the instant, or, at any rate, after the discovery of the following conditions: free and direct communication between the left pleural cavity and the trachea, advancing disorganization of the right lung, and ever-increasing accumulation of pus, in spite of its enormous discharge. By adopting these measures, the pus might have been kept within bounds, and diverted from the trachea and bronchi; the pneumonic processes, which were so rapidly disabling the only lung of any real use in respiration, might have been arrested; and although the man must invariably have died an early death from combined exhaustion and apnoea, he said that the patient might have been saved from dying of downright suffocation—literally drowned in pus.

CANADA

Medical and Surgical Journal.

MONTREAL, JANUARY, 1873.

THE ONTARIO COLLEGE OF PHYSICIANS AND SURGEONS AND THE STUDENTS OF MEDICINE.

The Executive of the Medical Council of the College of Physicians and Surgeons of Ontario recently met in Toronto, at which meeting it was arranged that a deputation of medical students would be received and their grievances duly considered.

Dr. Campbell, a homœopathic physician of the City of Toronto, who appears to be the Chairman of the Council, received the deputation and remarked "that he understood them; to represent the students of medicine at the different colleges throughout the Province, and he also reminded them that the interests of the Council and those of the students were quite the same in all respects; that the Council was entirely in sympathy with the students, and that they wished sincerely to hear of and to remedy, as far as was in their power, any cause of complaints they might have to make."

Mr. Dingwall, on the part of the deputation, presented written copies of the resolutions adopted by the students at their several meetings.

The resolutions submitted were substantially as follows :

Resolutions Adopted at a Meeting of Medical Students held at the City of Toronto on Saturday, 30th November, 1872 :

1st.—That "Whereas the medical students of Ontario, while recognizing the benefits conferred on the medical profession generally through the establishment of a Central Examining Board for the examination of students in medicine, feel that the Act has signally failed in its main object, viz., in securing protection to regularly licensed practitioners, inasmuch as the country is literally flooded with quacks, druggists and others, with questionable qualifications, who, in open defiance of the presumed intention of

the said Medical Act, are openly practising medicine, surgery, and midwifery, to the detriment of legally qualified practitioners. It is therefore resolved that the Medical Council of Ontario be requested to take action during the ensuing session of the Ontario Legislature, with a view to secure for the profession the protection so much desired."

2nd.—That "Whereas the said students of Ontario, considering that the fees charged by the College of Physicians and Surgeons of Ontario to candidates for examination before that body for license granted by them are exorbitant, request that the said fees be reduced to \$30, the said sum to include that for matriculation."

3rd.—That "Whereas the said students of Ontario, feeling the great inconvenience arising from the want of printed questions at previous examinations, demand that the questions hereafter propounded to candidates be handed to them in printed form, in accordance with the well understood custom of all our universities and other examining bodies."

4th.—"That the rejected candidates at examinations should have the privilege of either withdrawing the amount usually refunded, or leaving it in the Treasurer's hands, and in the event of going up for examination again no further fees to be demanded from them."

5th.—"That in the event of the Medical Council of the College of Physicians and Surgeons failing to comply with the above demands of the medical students now assembled, that we shall then take into consideration the advisability of not presenting ourselves at any future examination of the said Council." Or, as was moved in amendment and carried, that "providing the Medical Council entirely ignore the above resolutions and take no steps to remove the grievances complained of, we will not present ourselves at any future examination till such grievances be removed."

—*Toronto Mail*, 2nd December, 1872.

The Chairman, having read over the resolutions, asked the deputation if they had anything further to say before he communicated to them the views of the Council, that body having already discussed the various points referred to in these resolutions, except that regarding the amount to be returned to rejected candidates.

Mr. Dingwall said that the deputation was there to present these resolutions, and to afford any explanation regarding any of them that might be required. Further than that, they had no remarks to offer.

The Chairman then went on to say that there seemed to have gone abroad among the students a feeling of antagonism to the

Council. He had to say to them that the students had the most hearty sympathy of the Council, who had a most cordial and earnest desire to protect them in the practice of their profession; but the Council, however willing to do all in their power, were not omnipotent, and had not the power to legislate for them. However strongly they sympathised with the students it was not in their power to redress any grievance. All that he could say was that the Council were not to blame because the penal clauses of the Medical Act were not sufficiently stringent. In the resolutions just submitted the students complained, and with justice, that these clauses did not afford sufficient protection, but he did not think Parliament could be got to meet their views on that question. The Act was passed with the purpose of protecting the public, not the medical profession; and it was only after taking that view of the matter that they had consented to do anything at all in the way of protection. Members of Parliament consulted the wishes of the whole of their constituents regarding the questions upon which they were to legislate, and not those of the few doctors here and there in the country. It was the interest of the Government and Parliament generally that the people should be furnished with as good medical attendance as possible, and the effect of the Act they had passed with this intention was that the prospects of students had been very materially raised since the standard was made higher, the number entering the profession diminished, and the competition consequently decreased. It was the intention of the Council to go before Parliament this session and get a Bill to amend the penal portion of the Act, which had proved totally inoperative on account of the want of any provision for enforcing the payment of the fine imposed for its infringement. This was required to be added, and he thought it was likely to be obtained. A committee had to be appointed for the purpose of drafting the proposed amendment to the Act. He might add, however, that this matter was not especially pressing upon the students, as they had not yet entered upon the practice of the profession. With regard to the amount they were required to pay by way of examination fees, the Council would be very glad to meet the views of the students. If the fees have hitherto been high necessity required it, for the medical gentlemen who come to conduct the examination must be paid. These gentlemen, it had to be remembered, in coming to conduct the examinations of students, were not merely giving them the benefit of their skill and experience, and putting themselves to considerable trouble and expense, but they were leaving their practice for the time being, which was a very great loss. Besides, the examinations were most

elaborate and complete, and he had no hesitation in saying they were the best in world. Any man taking his certificate in Ontario need not care whither he went, for he had the highest medical qualification which any man can possess. The examination, no doubt, costs money; but only in the event of obtaining succour elsewhere, either from the profession or from the country, could the requested decrease in the fees be granted. Help was asked of the Government, and the students would strengthen the hands of the Council greatly by petitioning Parliament. Accompanying the resolutions now presented there was something of a threat thrown out to the Council, which he thought they hardly deserved at the hands of the students; indeed it was hardly becoming the dignity of the Council to entertain resolutions so accompanied. It had the appearance of dictating terms to the Council, who did not wish it to be understood that the resolutions were carried before them at the point of the bayonet. The examinations always cost the Council a great amount of money, and by carrying out their threat and staying away from them, the students would injure themselves, not the Council. There was no doubt that had the students only reflected on the subject a little, they would have seen fit not to put this threat in at all. Reverting to the diminution of the examination fees, he said the Government had intimated that they would do something. If they did, this would enable the Council to do something for the students. If the students would petition Parliament it would enable the Council to go to the Government and, with something of authority, make their request for aid. The question of having printed examination papers was one which had led to a great deal of controversy. For he need not say that he had perfect confidence in the integrity of all the students, but a very great many of the students had not confidence in the rest. The examinations are always prepared so as to ensure the people of Canada shall have good sound medical advice from those who shall succeed in passing them, and the mode of conducting them was determined upon so that no student could possibly have any advantage over another. The great difficulty of having these examination papers printed is the possibility that thereby information regarding their contents might leak out; they could see themselves the principle which the question involved. If it was possible to have a printing press established in the room in which the examinations were to be conducted, and the printer under their own eyes, the thing might be got at, but in no other way. If this could be managed without incurring a great deal of expense, the views of the students might be met. So far as the writing out of these questions was concerned it was

enough to say the thing was impracticable. Professional men generally—and he was himself no exception to the rule—wrote so badly that students could not be expected to read their manuscripts correctly; and, of course reading correctly was necessary to proper understanding of the questions propounded. He thought he had now replied to the principal points referred to in the resolutions. That regarding the propriety of retaining or returning the fees of rejected candidates, according to the request in the resolution, the Council had not considered. He re-read the resolution bearing upon the question, and adverted to the present custom.

In dismissing the deputation the Chairman added that on this very same question of the penal clause he had conferred with both the present and the preceding Attorneys-General of this Province, who had informed him that a certain difficulty lay in the way of enacting such a clause. This was that the power of passing a criminal law does not lie in the hands of the Ontario Government. Mr. Mowat would not give a decided answer on this point. Doubtless several laws of this kind had been enacted, but these gentlemen seemed themselves to have their doubts as to their legality. He hoped that in the future the students would not take up any stand of antagonism to the Council, or accompany their requests with threats. The Council wished to be looked up to by the students as their friends and protectors. He repeated his assurances of good will, and that of the Council, and the deputation withdrew.—*Toronto Globe*.

We have somewhat to say respecting each one of the resolutions given above. It has been found a difficult matter in most countries, to repress quackery and prevent persons employing whom they please to attend them in any attack of illness. It does not necessarily follow that a man who has passed through the schools is always the most judicious, and people to the end of time will occasionally prefer being killed by a quack to being treated by a regularly educated physician. It has always been a difficult matter to legislate upon, and the experience of the profession in Canada, at least, is doubtful of the benefits to be obtained, or the protection to be obtained from the Legislature. It becomes to every man a matter of the personal surrender of rights, and so long as quacks and charlatans are recognised by the profession as equals, as they are in Ontario, as members of the body politic of Physicians and Surgeons, so long will the door remain open for the unscrupulous to enter without let or hindrance. In saying this we do not wish to impugn the central examining system of our sister Province of Ontario; indeed we think it right in principle,

and should be pleased to see it adopted throughout the Dominion, not exactly in whole, as there are many objectionable features in the Ontario Act which we need not specify. Speaking on the subject of the penal clause for the suppression of unlicensed practitioners, we do not think there should be any difficulty raised; but most likely there will be objections offered which may prove fatal to the efficient working of any amendment to the Ontario Medical Act that will be submitted to the Legislature.

In the second resolution the medical students complain of the fees charged by the College of Physicians and Surgeons of Ontario to candidates for examination before that body. These fees are styled "exorbitant!" This is a point in which we have no sympathy, as we have always held that the fees charged by colleges are, as a rule, too small. It will be noticed on referring to Dr. Campbell's address to the deputation of students that, in defending this charge, he states that the students receive, as an equivalent, the very highest qualification that can be obtained in the world. This, certainly, is a bold assertion, but one we will not question. The old motto, "Where ignorance is bliss," &c., &c., is very applicable here; and we presume that in future those admirable Crichtons who obtain the license of the College of Physicians and Surgeons of Ontario will not consider it worth their while to sacrifice more time in seeking from those old, worn out, and time battered institutions of Great Britain, honours which are now so unquestionably inferior in every respect. At least, if some novel-seeking souls do pretend to lower their status by submitting to further tests of proficiency, they will not have the advantage of a conglomerate board of examiners, some of whose doctrines are anything but orthodox in a medical sense. We are constrained to ask whether the College has yet issued its Diplomas, as we know of several persons whose names appear in the "list of those who have passed the several examinations established by the Council," but who do not possess a single evidence of the fact in the shape of a diploma.

With regard to the third resolution we think that the questions submitted ought to be printed, and with ordinary care this can be accomplished without any chance of the papers getting abroad before the proper time.

With regard to the fourth resolution it is certainly no grievance for the candidate to be charged a fee if he fails to satisfy the Court of Examiners as to his proficiency. In the case of the primary examination, the Ontario College retains seven dollars out of ten, the amount deposited by the applicant; and the candidate for final examination, if unsuccessful, receives back thirty dollars

of the forty he is required to deposit with his papers. This is a fair tax, and one which every right-thinking man will agree to; for why should the time and labour of the College officers be exacted free—gratis, by every blockhead who thinks himself a proficient.

We come now to what we regard as the crowning feature of this controversy, and we must say that we were perfectly staggered in perusing these resolutions. It will be observed that we have given the original motion, as also the amendment, which latter was carried by the meeting in Toronto. We are unable to state which of these motions was submitted by the deputation of students to the Medical Council; nor is it of any importance, as they are both of the same tenor. It is an act of open rebellion, and one which cannot be tolerated.

If the medical students of Ontario have grievances, and we are willing to believe they have, there are other means more dignified for a society of gentlemen to adopt than the threat of a mob. If reform is needed it can be obtained, as hitherto there has been no apparent desire on the part of the Medical Council to enforce rules which are objectionable; indeed the policy of that body, so far as we have been able to judge, has been conciliatory—too much so, perhaps. We trust our young friends will see that they have made a mistake in threatening the Council to stop supplies. Dealing in threats will more likely tend to elicit non-compliance on the part of the Council than otherwise, and the medical student cannot ignore the fact that the Council of the College of Physicians and Surgeons of Ontario is a legally constituted body, however incongruous its elements.

THE BEAUPORT LUNATIC ASYLUM.

We had written a long article on this subject, but as we observe that the matter is allowed to drop for the present we will reserve, for a future day, the remarks we had intended to make. We hope, however, that the asylum will not be overlooked, as the management of that institution has been for years a reflection on the Government of the Province. We have before alluded to the disgrace of having a Lunatic Asylum, under the style of the Provincial Lunatic Asylum, occupying a discarded court house and jail, as is the case at St. Johns; but then, so long as the present contract with the proprietors of the Beauport Lunatic Asylum exists; so long as the thousands of dollars are paid into the coffers of the contractors of the Beauport Lunatic Asylum, so long will things in this section of the Province of Quebec be allowed to remain in the same condition as when the Government report of the Imperial authorities were forced to style it the "miserable make-shift at St. Johns."

“THE FOSSIL MAN AT MENTONE.”

In the London *Lancet* for December 7th we find a description, from the pen of Dr. J. Henry Bennett, of the discovery of the fossil man in the Baoussé Roussé Caverns, near Mentone, in March last.

The work of exploration of the Caverns of Mentone was entrusted, by the French Government, to a distinguished geologist, M. Rivière. The skeleton is at present in the Anthropological Department of the Geological Museum of Paris, and has been visited and examined by many of the scientific men of the day.

The skeleton, which is all but perfect, is that of a large man, upwards of six feet in height, and has no resemblance to the orang or any species of monkey. The skull is elongated, convex superiorly dolichocephalic. The entire superior maxillæ are seen and the teeth are all present. The inferior maxilla is only half exposed, but the teeth in that half are perfect. The molars are worn flat, as though from the constant trituration of hard food. The orbital cavities are peculiar, they differ in length and diameter from those of any known race of men, and closely resemble, in that particular, to some of the specimens found in 1868 at Cro-Magnon, in Perigord. M. Rivière thinks that this peculiarity may imply a pre-historic and last type of man.

Medical News.

DR. DITTERICH ON GOUT.

Ditterich (*Lo Sperimentale*, t. xxx.) says that the carbonate of lithia is the most potent of all remedies in gout, or wherein there is excess of uric acid in the blood; and this salt has recently fallen a little into discredit, because not suitably prescribed. The dose of five to ten grains, recommended by Aschenbreuner, generally produces rather disagreeable symptoms, as dyspepsia, catarrh of the stomach or intestines, with vomiting, &c., which requires the cessation of the remedy. These doses are too large, according to Ditterich, to act well, and the dose should not exceed two grains, and in the twenty-four hours not more than fifteen grains should be given. The other problem to resolve in treating gout, is if the case be in the acute or chronic stage, for in the first lithia is not indicated, whilst in the second the carbonate may be given in the proportion of seven grains in a six-ounce mixture, and one or two

tablespoonfuls every two hours. Thus administered, lithia gives rise to no inconvenience, and generally is followed by good results in eight to ten days, during which time the parts should be covered with pieces of flannel or woollen cloth. According to Ditterich the swellings produced by gout which have passed into the state of induration, are not attacked by lithia which is in the circulation, until the adjacent parts of the affected limb are congested by means of some stimulating embrocation.—*The Doctor.*

DIFFICULTY IN DIAGNOSIS OF TUBERCULAR MENINGITIS.

Dr. Peter (*Jour. de Med. et Chir. Prat.*) says that meningitis is a pregnant source of errors in diagnosis, and we ought to be on our guard against such. Thus, a patient entered the hospital under violent delirium which had burst forth without any warning, and the diagnosis was made *delirium tremens*. Yet the autopsy showed the patient had tubercular meningitis. Generally, tubercular meningitis commences with pain, convulsion, strabismus, &c., all its symptoms in a word, whilst the intelligence is intact. Here the contrary had taken place, because the patient was a confirmed drunkard, and that, when the cerebral lesion came on, it had changed his disease into the *delirium tremens*. In these difficult cases for diagnosis, it is important often to look to one symptom, to the antecedents, and to study closely the whole of the phenomena; if in doubtful cases we arrive at finding a meningeal ailment, we have a great presumption gained.

Sometimes the commencement of the disease is marked solely by repeated vomiting, without elevation of pulse, or any other symptom. We then inevitably think of indigestion, and the error is only dispelled by the progress of events. A child, aged 18 months, was attacked with retention of urine, and remained forty-eight hours without micturating. This was not a case of anuria of infants with fever, for the bladder became distended, and was emptied by the sound. There was true constipation of the bladder present. M. Peter called in in twenty-four hours, found that the child, offspring of a delicate mother, was crying in a peculiar way, whilst its face was covered with a blush. The "cerebral spot" could be made to appear, although ill-marked, and there was a very feeble convulsive shock. He made the diagnosis of tubercular meningitis which was soon justified by the termination of the disease.

On another occasion he was called to the neighborhood of Paris for a child convalescent from measles. The left side of the body had one day commenced to be palsied, without signs of apoplexy, and in twenty-four hours the palsy was progressively completed.

However unaccustomed the commencement appeared, in the absence of all possible supposition, and in view of the antecedents, finding the child delicate, M. Peter thought of meningitis. The abdomen was retracted, and he noticed a well-marked mark of meningitis. He decided for a tubercular meningitis, and attributed the hemiplegia to accumulation of tubercular granulations at one point of the base of the brain having caused a small focus of softening. In fact, soon the collection of symptoms developed themselves, and the child died with all the signs of cerebral meningitis.

Although constipation is an almost constant symptom, it may be wanting. M. Peter was called to a delicate child, aged 3 years, who had been somnolent for some days, and attacked with abundant diarrhoea. The state of coma was so profound that when the child was shaken it did not move. M. Peter diagnosed tubercular meningitis in spite of the diarrhoea. We may consider the disease for some days as tubercular peritonitis. The child fell away rapidly, its cries became more characteristic, and the meningeal spot could be noticed clearly with cutaneous hyperæsthesia. One day convulsions with irregular pulse supervened, and death with epileptiform attack.

This short collection of unusual cases shows the necessity of grouping any symptoms which are noticed. In this case the meningeal stain which is provoked by scratching with the nail the skin of the abdomen, chest, or limbs, and which persists pretty long after the scratch, becomes a symptom of importance. Taken by itself its value is infinitely lessened.—*The Doctor.*

SIMULATED CHLOROSIS.

M. Potain lately lectured on this subject at the Hôpital Necker, and his remarks were reported in the *Journal de Médecine et de Chir. Prat.* He thinks that chlorosis is simulated by several other diseases. Perhaps the English school would rather speak of the other diseases producing a cachetic state resembling, to some extent, chlorosis. We may also remark that most Englishmen would, in the majority of the instances named, have used the word *anæmia*. Thus M. Potain speaks of all hæmorrhage as likely to simulate chlorosis. The next group he mentions is that in which the digestion is at fault—cases, as we should say, of mal-nutrition. Next we have cardiac diseases and ex-ophthalmic goitre, in which diseases we have ourselves seen patients with what is called a chlorotic look. We may say the same of another group, including diseases due to marsh miasm, to lead poisoning, to iodism, and to syphilis. In pregnancy, leucorrhœa, and some other conditions, there is a state that M. Potain calls simulated chlorosis, but which we should classify as *anæmic* or *cachetic*. We think the various cachexias worth observing, particularly in reference to malignant disease.—*The Doctor.*

Monthly Summary of Meteorological Observations taken at No. 26 Beaver Hall, Montreal, by THOS. D. KING:

OCTOBER, 1872.						NOVEMBER, 1872.					
Day of Month.	Daily mean Temperature, 7 a.m., 2 p.m., 9 p.m.	Daily Mean Humidity between 7 a.m. & 9 p.m.	Daily Mean Barometer corrected to sea level.*	State of the Weather.	Quantity of rain gallons per acre.	Day of Month.	Daily Mean Temperature, 7 a.m., 2 p.m., & 9 p.m.	Daily Mean Humidity between 7 a.m. & 9 p.m.	Daily Mean Barometer corrected to sea level.*	State of the Weather.	Quantity of rain gallons per acre.
1	54.4	74.5	29.97	O'cast	.....	1	44.1	84.2	29.92	Rain	1312
2	49.8	73.5	30.12	Rain	inapp	2	41.7	81.0	30.06	Rain	9049
3	48.5	86.7	30.17	Rain	2714	3	38.0	85.12	30.04	O'cast	.....
4	50.6	73.3	30.09	Cloudy	.....	4	39.1	74.1	30.37	O'cast	.....
5	55.2	76.4	30.17	Clear	.....	5	40.6	78.5	30.36	Clear	.....
6	64.1	77.6	30.05	Th'ndr	22623	6	45.8	84.5	30.03	Rain	.....
7	56.5	96.2	29.86	Rain	42384	7	42.4	71.4	29.61	O'cast	.....
8	51.9	78.8	30.11	Cloudy	inapp	8	40.1	75.0	30.39	Gale	.....
9	53.1	68.4	30.04	Clear	.....	9	40.5	59.5	30.91	Clear	.....
10	47.9	84.5	30.85	Rain	2262	10	38.1	64.6	30.24	Clear	.....
11	39.3	64.2	30.13	Snow	inapp	11	37.9	78.7	30.15	Cloudy	.....
12	41.9	60.3	30.15	Clear	.....	12	44.5	95.3	29.87	Rain	29410
13	45.2	77.8	29.88	Rain	18098	13	36.9	79.7	30.14	Clear	.....
14	39.1	90.0	30.51	Rain	6787	14	37.0	94.0	29.83	S & R	11312
15	46.0	76.6	30.79	Rain	2036	15	31.9	71.9	30.74	Snow	5226
16	40.4	90.5	30.05	Rain	11312	16	31.4	83.0	30.06	Snow	4452
17	44.5	74.2	30.27	Rain	2262	17	28.7	67.7	30.33	Clear	.....
18	47.8	83.9	29.99	Rain	6787	18	31.5	66.6	30.20	O'cast	.....
19	39.3	70.6	30.08	Rain	inapp	19	29.2	81.8	29.94	Snow	3383
20	40.5	67.4	30.12	Clear	.....	20	22.3	78.0	30.95	Cloudy	.....
21	47.8	72.4	30.10	Clear	.....	21	29.2	75.0	30.07	Hazy	.....
22	57.8	68.0	30.11	Clear	.....	22	31.9	69.0	29.99	Hazy	.....
23	47.6	74.4	30.44	Rain	4525	23	32.1	89.0	30.01	Snow	2262
24	44.0	74.7	30.59	Clear	.....	24	35.8	82.0	30.16	O'cast	.....
25	45.7	77.0	30.38	Clear	.....	25	41.3	77.4	29.75	Squ'ly	.....
26	44.9	92.5	29.95	Rain	18098	26	28.8	74.0	30.14	Snow	inapp
27	44.5	73.3	30.95	Rain	9049	27	27.8	78.0	30.04	O'cast	2262
28	38.2	71.7	30.47	Aurora	.....	28	22.9	73.5	30.21	Clear	.....
29	40.1	62.7	30.68	Clear	.....	29	24.7	80.0	29.77	Snow	9049
30	42.2	66.3	30.56	Clear	.....	30	13.9	78.0	30.34	Breezy	.....
31	41.8	73.2	30.19	Hazy	.....	..	.....	.....	.....	.....	.....
MEAN	46.6	76.4	30.02			MEAN	34.7	77.6	29.96		

OCTOBER.

Extreme Range of Temperature.....	42.5
Highest point of Thermometer on the 6th.....	74.0
Lowest point of Thermometer on the 29th.....	31.5
Extreme Range of Barometer.....	1.23
Highest Reading of Barometer on the 29th.....	30.71
Lowest Reading of Barometer on the 14th.....	29.48
Extreme Range of Humidity (Saturation 100).....	55.1
Greatest Moisture in the air on the 14th.....	96.2
Least Moisture in the air on the 29th.....	41.1
Whole amount of rain in the month.....	6.501 inches
General direction of the wind.....	Variable

NOVEMBER.

Extreme Range of Temperature.....	37.2
Highest point of Thermometer on the 6th.....	48.2
Lowest point of Thermometer on the 30th.....	11.0
Extreme Range of Barometer.....	1.2
Highest Reading of Barometer on the 17th.....	30.41
Lowest Reading of Barometer on the 30th.....	29.24
Extreme Range of Humidity (Saturation 100).....	52.13
Greatest Moisture in the air on the 14th.....	96.0
Least Moisture in the air on the 9th.....	44.1
Whole amount of rain and snow in the month.....	3.710 inches
General direction of the wind.....	Variable
First snow to remain on ground.....	on the 15th.

* Not for Temperature.