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CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Plan of Quarantine for Cholera. By W. MARSDEN, M.D., Ex-President and Governor of the College of Physicians and Surgeons of Lower Canada; Corresponding Member of the Medical Society of London; Hon. Member Medico-Botanical Society, London; Fel. Path. Society, Montreal; Hon. Fel. Berkshire Med. Society and Lyceum Nat. Hist.; Hon. Fel. Medico-Chir. Society, New York; &c., &c., &c.

The subject of cholera and quarantine which has latterly been agitating the public mind, has at last taken a practical and permanent form on this continent, in which the State of New York has taken the initiative. The legislature has advanced a step in the right direction, by passing a series of resolutions requesting the Governor to ask the general government "to place gratuitously and temporarily at the disposal of the Commissioners of Quarantine of New York, such number of hulks or vessels not now in use by the general government, as may be needed for quarantine purposes in the Port of New York, until some other provision is made by law." For these results we are mainly indebted to the Health Commissioners of New York, but especially so, to its resident physician, Lewis A. Sayre, M.D., who has been unceasing in his efforts to arouse the public to a proper sense of its duties. Professor Charles A. Lee, M.D., of Buffalo, has also come out in support of the safe, sound, and practical notion, that a system of quarantine may be enforced that will prevent the transmission of Asiatic Cholera from one country to another. This opinion is rapidly gaining ground, so many proofs existing that where a *strict* quarantine has been enforced, (independent of the recent one of the S. S. Atlanta) or, where a *cordon sanitaire* entailing rigid non-intercourse, (as in Russia and India) has been carried out, the disease has been arrested.

Dr. Sayre, in his annual report to the Health Commissioners, among other excellent suggestions, proposes that the general government of the United States should take up the subject of quarantine, so as to enforce uniformity of action; not only in the United States, but in Canada, and the British Provinces likewise. In fact, anything short of this would render quarantine, on this continent, worse than useless.

It is in this view of the subject that I now address your readers, and submit for their information, and perchance approval, and for the public in general, my plan of quarantine for Cholera, which has already been submitted to a number of scientific persons, both professional and others in the United States as well as Canada, by whom it has been received most favourably, and among these by Dr. Sayre, who pronounced it "the best he had examined."

Since then, it has been endorsed by the approval of the medical profession here, on the recommendation of the committee appointed at a general meeting, to take the matter into its consideration and report thereon, consisting of Professor Landry, Vice-President of the College of Physicians and Surgeons of Lower Canada; Professor Sewell, Dean of the Faculty of Laval University, and a governor and ex-Vice-President of the College of Physicians and Surgeons of Lower Canada; Professor Larue and Professor Lemieux of Laval University; Dr. H. Blanchet, Governor of the College of Physicians and Surgeons of Lower Canada; R. H. Russell, M.D., and Governor and Secretary of the College of Physicians and Surgeons of Lower Canada, and myself.

The principle of quarantine for cholera is, according to my system, an absolute one, embodying three separate and independent establishments, having no direct communication with each other. The following are the details, and the accompanying illustrative Leggotype is intended for application to the present quarantine station at Grosse Isle, but it may be adapted to any other locality, whether on an island or the main-land, and may be extended or diminished according to the necessities of the place.

DR. MARSDEN'S PLAN FOR A CHOLERA QUARANTINE STATION.

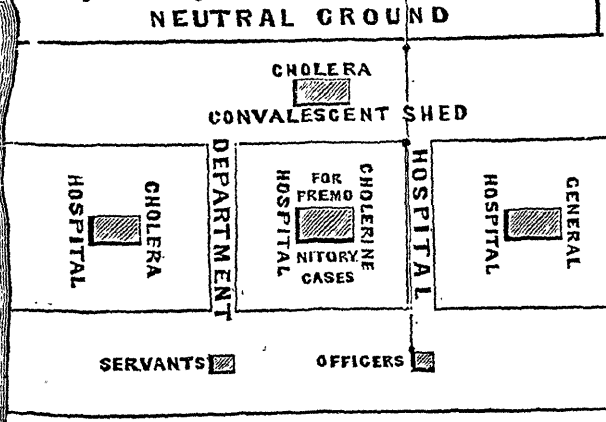
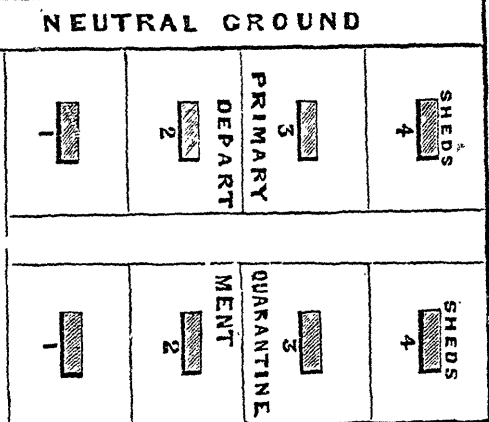
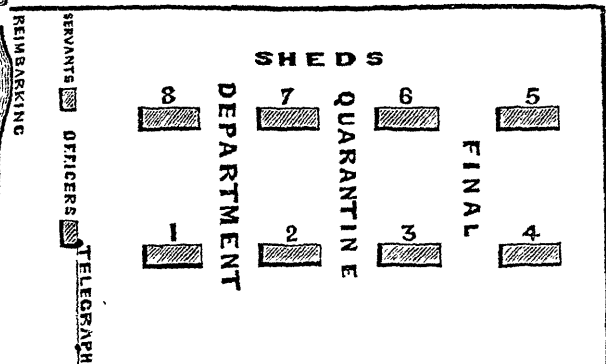
1. The Cholera Quarantine Station shall be divided into three separate and distinct sections or departments.

2. Each of these three sections or departments shall be isolated, and separated from one another by a *cordon* or portion of neutral ground, of not less than one hundred feet wide.*

* I am of opinion that less than this space might suffice.

**DR. MARSDEN'S
PLAN OF CHOLERA QUARANTINE STATION**

PASSAGE FROM FINAL TO HOSPITAL DEPT



RIVER FRONT

REMBARKING

a. One of these sections or departments shall be appropriated to the use of the sick, and shall be the hospital department.

b. The next or central section or department shall be devoted to the use of passengers not having had cholera, but from infected vessels.

c. And the third or healthy section or department, shall be appropriated to the use of the healthy, who have been removed from the central section or department, after having performed quarantine there.

A. In the first section or department there shall be three separate and distinct hospitals, besides a convalescent shed or hospital.

a. The one for confirmed cases of cholera to be called the "Cholera Hospital."

b. Another for cases of choleraic diarrhœa, or other premonitory symptoms of cholera, or suspected cases of cholera, to be called the "Hospital for Cholerae."

c. The third for all other diseases not cholera or cholerae, but coming from on board infected vessels, or vessels having had cases of cholera on board, to be called the "General Hospital."

B. The next or central section, or department, shall be the primary quarantine department, and shall be appropriated to all persons who are not sick, but come from vessels having had cholera on board, and where, in every case, on landing, shall undergo inspection, washing, cleansing, and purifying, both of persons and personal effects. There a quarantine of four days shall be performed, at the end of which period of time, all such persons as continue in sound health shall be removed to the Final Quarantine Department, and any that may fall sick, or be threatened with sickness, during the four days of probation, shall, as soon as detected, be removed to the proper hospital in the Hospital Department. Here all the healthy inmates shall be removed daily to a new locality, thus occupying four different habitations during their sojourn.

C. The third, or healthy department, shall be the Final Department, and shall be for all cases coming from the Primary Quarantine Department, after having been cleansed, washed, and disinfected, and after having undergone the *four days* quarantine, and here a further quarantine of *six days* shall be performed, (excepting in cases coming from the convalescent hospital or shed hereinafter provided for); making, in all, ten clear days of quarantine, when all persons continuing healthy shall be discharged from quarantine, and be removed from the station. If any premonitory symptoms or other cases of sickness occur in this department during the six days of quarantine, they shall, as soon as discovered, be removed to the proper hospital in the Hospital Department.

The three sections or departments above described shall be designated and known as,—

1. The Hospital Department.
2. The Primary Quarantine Department.
3. The Final Quarantine Department.

*
TO PILOTS.

1. All vessels coming from infected ports, and having, or having had, cholera cases on board, shall be brought to anchor abreast of the central or Primary Quarantine Department or Station.

2. All vessels coming from ports known to be infected by cholera or not, and not having, or having had, any case or cases of cholera on board, shall be brought to anchor abreast of the healthy or Final Quarantine Department or Station, where and when they shall be boarded by the medical officer of that department, and he shall have power either to discharge them from quarantine forthwith, or detain them, if he finds sufficient cause for so doing.

OF LANDING AND RE-EMBARKING.

a. The *landing* of passengers and their effects shall take place at the Primary Quarantine Department *only*.

b. The *re-embarking* of passengers and their effects shall take place from the Final Quarantine Department *only*.

No communication shall take place with the Hospital Department excepting through the central or Primary Quarantine Department, for which purpose a passage, unfrequented by the persons undergoing quarantine, shall be set apart and reserved.

1. On the landing of passengers from on board ship at the Primary Quarantine Station, the sick shall be forthwith removed to the Hospital Department, and the healthy to the place assigned to them in the Primary Quarantine Department.

2. The sick shall be borne upon litters, and placed within the neutral limits, about mid-way between the Primary Quarantine and the Hospital Departments, by the persons who bring them ashore, and who shall then retire to the Primary Quarantine Department, (unless they be seamen belonging to the vessel, in which case they shall return aboard ship,) whereupon persons from the Hospital Department shall enter the neutral ground, and remove them to the proper hospital.

3. There shall be in the Hospital Department, at a reasonable distance from the Cholera Hospital, a shed or building for cholera convalescents,

where they shall remain at least for four days previous to being removed to the Primary Quarantine Department, and where a quarantine of four more days shall be performed after cleansing, washing, and purifying, previous to removal to the Final Quarantine Department, where *two* more days of quarantine only, instead of six, shall be performed, making in all ten clear days after leaving the Cholera Hospital, when, if the patient continues healthy, he, or she, shall be discharged.

4. Persons having completed their period of quarantine, shall be removed at once from the Quarantine Station by steamers chartered for the purpose, and shall proceed directly on their journey.

5. Provisions, stores, clothing, bedding, and all other necessaries or supplies for the Hospital Department, shall be conveyed within the Hospital limits under the same regulations and restrictions as persons.

6. All physicians, orderlies, servants, nurses, and attendants, &c., connected with the Cholera Quarantine Station, as also all persons performing quarantine, shall remain and be kept constantly in the department or section to which they have respectively been assigned, and none of them shall, under any pretext whatever, be permitted to have any communication or intercourse whatever, directly or indirectly, with persons from another department or section, excepting in due course of quarantine.

7. Any employé, nurse, or orderly belonging to the Quarantine Station who may be found violating the above rule, shall be liable to suspension from office, with forfeiture of salary and emoluments, or dismissal from office, at the discretion of the medical officer in charge, or of the superintendent, besides being obliged to undergo such quarantine as the nature of the contact or exposure may warrant.

8. Any person violating the above rule by going from the Final Quarantine Department to the Primary Quarantine Department, or from either of these to the Hospital Department, shall, on detection, be detained in the department they have gone into in violation of the law, and shall undergo quarantine there anew.

9. All persons suffering the approach of persons from another department, excepting in due course of quarantine, will render themselves liable, at the discretion of the medical officer, to be sent back to the department to which the person so approaching them belonged and shall undergo quarantine anew.

10. The three Quarantine Sections or Departments shall be separated from each other, and bounded by a *cordon* or piece of neutral ground of at least one hundred feet in width, and shall be surrounded by a strong fence of at least seven feet high.

11. Between the Final Quarantine and Hospital Departments, at the extreme end of the Primary Quarantine Department, there shall be a *cordon*, or passage, or portion of ground, of at least thirty feet wide, with a close fence of seven feet high, to be used exclusively as a passage from the Final to the Hospital Department, for the return of patients to the Hospital Department if necessary.

12. Each of the sub-divisions in the Hospital Department shall be surrounded by an open fence of seven feet high.

13. Each of the sub-divisions in the other departments, and especially in the Primary Quarantine Department, shall be surrounded by a close fence of seven feet high.

14. Each of the before-mentioned departments may and shall be subdivided in such manner as circumstances may require, and as near as practicable in accordance with the accompanying plan.

15. The place of landing in the Primary Quarantine Department shall be as near the Hospital Department as convenient, and as far removed as possible from the place of departure or re-embarkation in the Final Quarantine Department.

16. There shall be telegraphic communication between each of the departments, with a telegraph operator attached to each.

Among the further practical details of this plan, the following is most important :

A *perpetual* stream of water shall be made to flow through all the water-closets, cess-pools, drains, &c., which shall empty themselves at low water mark ; and such other disinfectants and deodorizers as science may suggest, and necessity dictate, shall also be used.

Quebec, January, 1866.

Cholera : a few Practical Remarks on its Prevention. By ROBERT T. GODFREY, M.D.

(Read before the Montreal Medico-Chirurgical Society, January 26th, 1866.)

GENTLEMEN,—Having been extensively engaged in the treatment of cholera, during its several visitations, it affords me much pleasure to offer you these few remarks which, I trust, you will find useful in preventing the disease from spreading ; and it may not be out of place, to state to you my views of the often asked question, What is Cholera ?

I believe the disease to be confined to the blood communicated generally through the alimentary canal—that nature in making an effort to throw off the poison, pours the serum of the blood into the stomach and intestines, in consequence of which, the blood becomes so thick that it

cannot circulate through the smaller blood vessels, causing cramps in the extremities, impeded circulation and death.

Every casual observer must have noticed that cholera travels inland, along the different navigable rivers and canals; for in its several visits to this continent it has always followed this course. First, going up the St. Lawrence and down the Mississippi, next adopting the opposite route, or by whichever channel the stream of emigration travelled. It has also been frequently remarked, that the inhabitants on one side of a river have been decimated, while those on the opposite bank were not visited by the disease. Along some of our canals it has been so fatal, that men could not be obtained to open the locks for the passage of the steam-boats.

During its visits to this city it was a remarkable fact, that what might be called one of the healthiest localities, the east end, where the soil is high, well drained and gravelly; also along the banks of the river for several miles down, where the banks are high and free from stagnant water—the mortality was greatest; caused by the fact that the residents drank the water that was taken from the side of the river, below where the shipping was moored and where the *Quai* entered, in consequence of the new water-works not having been completed until the disease had left the city. I may mention also, that in 1854, three rafts were moored on this side of the river below the tollgate, and two on the opposite side; while those on this side lost nine men from cholera, those on the opposite shore did not lose a man.

These circumstances, with many others, have convinced me that cholera is propagated and spread principally through water, which has been contaminated by diseased egesta from a cholera patient, and I consider that this choleraic poison, when thrown into water, increases its contagious power so rapidly as to effect a river for miles down.

Should the cholera ever again visit this city, we may safely predict it will not be so fatal as on former occasions, in consequence of the supply of water from the new water works being obtained above the source of contamination. It will be confined almost exclusively to those persons engaged on the river, and who do not use the proper precaution for preventing their being infected by it.

Presuming the disease to be taken from the water, we would naturally ask ourselves the question, What is the most simple and efficacious method of making the water fit for use, and destroying the poison it contains?

I reply, simply by having it boiled.

Every householder should have a jug of water that had been previously

boiled and allowed to cool standing on the side-board, or in some convenient place ready for use, and should be particular that no water is drunk by any individual until it has been thus prepared. Boiling destroys all possibility of any contagion remaining in the water, no matter how infectious the water may have hitherto been. There will not be the slightest necessity for brandy, whisky, camphor, sulphur, charcoal, or any other prophylactic put into it.

Before closing these remarks, I may add one more hygienic observation that I trust will be found useful.

Where the out-buildings are in close proximity to the back of the dwellings, it will be necessary to have a small chimney or ventilator made of wood, taken below the seat of the water closet and carried a sufficient height above the roof to secure a good draught from the pit. This is a salutary precaution that should be adopted in Canada, whether cholera be present or not.

By observing these two simple precautions, both you and your patients that are not already affected, will be as safe in the midst of cholera, as if there were not a case within a thousand miles.

Gentlemen, should it be agreeable to you, I shall be happy to read, on a future occasion, a few observations on the treatment I have found most successful in this disease.

St. Catherine Street, Montreal, January 26th, 1866.

An Artificial Vagina. By WILLIAM H. HINGSTON, M.D., L.R.C.S.E., Surgeon to St. Patrick's department of the *Hôtel Dieu*, being a paper read before the Medico-Chirurgical Society of Montreal.

GENTLEMEN,—A recent number of the *Boston Medical Journal* furnishes details of a case of congenital absence of the vagina, in a young person of that city, which has justly been deemed of sufficient interest to obtain admission to the columns of the *Gazette Medicale*. Dr. Collins, of Boston, had been consulted by a young girl, twenty-two years of age, who had never menstruated, and who, on examination, presented no trace of a vagina. The meatus was at the normal place, and a slight depression below it indicated the *locale* of the *os-externum*. An examination, *per rectum*, established the existence of an uterus, and the report concludes thus: "The case was deemed irremediable." In reading the above report—which I have here much condensed—it is like that of a case which occurred in my own practice here, with this difference, however, that the case was not deemed irremediable; and as the details may interest some of the members of the society as they did me, I shall briefly narrate them:

In the summer of 1859, I was asked to see Miss — of this city, aged 23, who, I was informed, had never menstruated, and who suffered greatly in consequence. Miss — was a stout, red-faced girl with bloated swollen face, and presenting an appearance of general plethora. She told me her sufferings were almost incessant, but were more severe for a few days in each month; and this condition of things had continued from the age of fourteen, with gradually increasing severity. Her days were passed in pain and her nights in troubled and disordered sleep, in feverish dreams, or wakefulness. Several years before, she had, by the advice of her physician, commenced taking morphia, which she had rapidly increased in quantity, without being rendered oblivious to her sufferings; and the sleep into which she would sometimes fall, was so laboured, and her breathing so stertorous, as frequently to oblige her parents to arouse her. Several physicians had been consulted during the long course of her sufferings, and as my patient had retained a list of the medicines employed by each, it presented a most formidable array of emmenagogues, cathartics, sudorifics, and special derivatives and stimulants. As the potent armaments of the materia medica had already been pretty fairly exhausted, I proposed a tactual examination. To this, however, there were objections, until the very intelligent midwife who had been instrumental in having me consulted, (and who, at my request, made an examination,) had informed the patient she was unlike the rest of womankind. On inspection, the mons veneris was very scantily supplied with its usual covering, and the cushion of adipose tissue over the symphysis pubis was neither thick nor firm. The meatus urinarius existed at its normal site, and a little below, there was a slight depression marking the place of the vagina. But there was no preputium clitoridis—no clitoris—no labiæ or nymphæ—no vestibule. An examination, per rectum, established the existence of an uterus, but, with the catheter at the same time in the urethra, no interposed vagina could be felt. I at once proposed to remedy, surgically, this anomalous state of things, hoping a division of the skin—which seemed to be thin—would lead to something like a vagina. Consent having been obtained, I made the first incision on the 23rd June, 1859, from within three lines of the meatus, to within the same distance of the rectum.

Here and there, in the line of the incision, I met with condensed areolar tissue, but no vestige of a vagina. I now made up my mind that there existed no natural passage, and that it was necessary to hew one out of the soft tissues. A day was named for the purpose, and in the meantime a large fine Turkey sponge was immersed in a thick solution of gum acacia, and submitted to enormous pressure for a few days, by which it was reduced to the thickness and hardness of sole leather.

On 27th June, the patient was placed under the influence of chloroform,

and an incision, the length of the first, was made in the mesian line; a three-valved speculum was introduced, and through it, several narrow strips of hardened sponge. The hemorrhage during the operation was somewhat alarming; but, after my departure, the quantity of blood lost was so great as to soak through the bed, run in a stream upon the floor, and induce frequent syncope. When hastily summoned to the bedside, I removed the thickly swollen slices of sponge by strings, which had, previous to their introduction, been attached to each piece; and employed astringent injections. The hemorrhage gradually ceased; not, however, till I had time to reflect that Simpson's fate—under somewhat similar circumstances—was to be mine, with a *renommée*, however, less able to bear a shock which had almost unseated the advocate of hysterotomy. Two days after the removal of the sponge, I reintroduced fresh pieces through the speculum—the patient being under the influence of chloroform—and repeated this proceeding, without chloroform, every second day for a fortnight, when, by coaxing and urging, I induced the patient to submit to the knife again—assuring her friends and herself that the hemorrhage on this occasion would be inconsiderable, as I could feel the uterus at a short distance from the wound already made. On 15th July, another and a deeper incision was directed upwards and backwards, and still in the mesian line, when the os uteri was reached—full, thick-lipped, and pouting. No discharge or secretion of any kind escaped, though an elastic bougie was made to enter the interior cavity to the usual depth. I had now a vagina formed, suited to any purpose, and the compressed sponge still increased its capacity. The sponge was removed, and fresh pieces introduced every second day for several weeks, when the speculum, covered with lint, was substituted—introduced in the ordinary way, and the handles secured together. A fortnight after the last operation a very moderate secretion took place, which increased at the succeeding menstrual periods, with complete relief to all those distressing symptoms for the relief of which she had consulted me. The morphia was laid aside, and sleep, without it, was sound and refreshing; and the patient, from a bloated, swollen and apoplectic looking object, became as slender and as genteel as she could have desired. The dilating process was continued several months. Some time ago, I was asked my opinion concerning her marriage (then on the *tapis*), and, after an examination, unhesitatingly counselled it. (The smooth walls of the artificial vagina were now lubricated with a secretion, and the organ was of the ordinary capacity.) The marriage took place, and the lucky possessor of the slim unweibliche fraulein is still—so far as I am aware, ignorant of the circumstance that the knife had carved for him a path to enjoyment. And now I have to mention what to me appears the most remarkable

circumstance in the case. Previous to the operation there was no sexual desire, but when menstruation had been fairly established there was a difference in that respect; and after marriage, gratification had increased with sexual indulgence. The patient has not become pregnant. These, gentlemen, are, briefly, a few of the more salient points of a case which had much interested me. I have consulted every work within my reach for details of a similar one, but could find none, till the report of that of Dr. Collins, above mentioned, attracted my notice.

Case of Aneurism of the Aorta. By JOHN DUFF, M.D., Surgeon Royal Artillery, Quebec.

Sapper Samuel Pemberton, R. Engineers, æt, 30, service six years; of which five on present station, B. N. A.—admitted into Hospital 16th August, 1865, died 2nd January, 1866.

On admission this man complained simply of a dull pain in his loins, which being looked upon as nothing of consequence was treated accordingly. Three days afterwards, however, the pain not yielding, I made an examination, and the following was the state of parts detected, as entered in the Medical Register—"Marks of cupping are seen on the loins, also a blister, which he says had been practised some time ago, for the same complaint, namely, lumbar pains—states that the pain is increased in the lumbar region, when he lies on his face—but when turning on his back, this pain is most felt in the abdomen. This latter region examined, and a well defined pulsating tumour detected, immediately above the umbilicus—tumour feeling about the size of a small orange—stethoscope discovers an obscure bruit, but whether this is an aneurismal bruit, or the result of a tumour pressing on the aorta is not at all so very clear. I am inclined to think the *latter* on account of the peculiarity of the pain shifting with different positions of the body, as if from the traction of a moveable tumour, the traction varying according to position."

This was the first entry in register. Matters went on pretty much unchanged up to the 1st Sept, when following is a copy of that date—"Bruit heard to day very distinctly in the epigastric region, to the right of the mesial line.—Site of bruit well defined, and confined to a space not larger than a crown piece. This bruit is sometimes absent, which makes it doubtful as to whether or not it is caused by aneurism, or is the result of pressure upon a vessel, by a tumour, the pressure varying in different positions. No impulse or bruit detected when the man is in the erect position. Is now markedly jaundiced, probably from pressure on gall duct. States that some times when he lies on his back, he sees a lump

rise slowly in the epigastrium till it attains the size of an egg, when it gradually subsides again." On 17th September, the tumour is noted as increasing; pain becoming more severe, and of a dragging character and the bruit heard over a much larger extent of surface. On 6th October report states:—"Complains of constant pain in back, and neighbourhood of tumour generally; bruit now audible over the whole tumour, and its aneurismal character is more apparent." Nov. 16th, report states: "Tumour very perceptibly increased, its aneurismal character well defined." After this date the man rapidly got worse, and pain increased depriving him of sleep, till on the 4th December he was reported "as unable to get up, or even sit up;" says, that when he attempts to do so, he feels "a severe pain dragging down from shoulders and chest," and this time the tumour was easily felt of a conical form and about twice the size of a closed fist. On the 2nd January, 1866, just after finishing breakfast, which consisted of tea and toast, he suddenly died, and with his death the tumour in the abdomen at once disappeared. Throughout, the treatment was purely palliative. The man, naturally of a weak habit of body and relaxed appearance, could not sustain any depressing treatment, even should this line of action have been considered as likely to give a chance of recovery, as it is reported to have done in some rare instances. Local applications and opiates to relieve pain, were therefore chiefly had recourse to, with general rest. The man's history does not furnish any clue to the origin of the disease. History sheet shows him as having been under treatment several times, for venereal affections, and once with secondary syphilis. Never strained or injured himself in any way to his knowledge. His general appearance may be mentioned as having been weakly.

Post-mortem appearances, twenty six hours after death.

Body emaciated but not to any great extent. No tumour can be felt in abdomen. Chest—on opening the cavity an enormous mass of clotted blood is found filling its right side, the pleural cavity completely occupied by it; the lung being pressed backward toward the spine. Both lungs healthy; slight pleural adhesions; old ones left side. Heart healthy—abdomen—stomach, liver, and other viscera healthy. Close to the lower border of stomach, and towards its pyloric extremity, a tumour about the size of an orange presented itself, at first looking like diseased pancreas, but closer examination detected the latter, in a state of almost complete absorption, lying along the surface of, but not in any way incorporated with this tumour. Dissecting backwards, this tumour was found to be connected with the aorta. This vessel was dissected out, by cutting it across immediately below its arch and working downwards. During this operation the following state of matters was discovered—

a large aneurism of aorta, involving about one half inch of the thoracic and the same if not two inches of the abdominal aorta; the main trunk of the superior mesenteric was also involved. The aortic portion of the aneurism was firmly attached to spinal column, but the mesenteric aneurism formed a large conical and very moveable tumour, apex of cone pointing to abdominal wall, below the lower border of stomach, which as before noted had removed a great portion of the pancreas from pressure. The lesion took place in the thoracic portion of the aneurism close to the crus of diaphragm, just as the thoracic was about to become the abdominal aorta. The aortal aneurism had some layers of fibrine formed round its wall, but the mesenteric was almost filled with thick layers of tough organized looking coagula—that portion of the aortic wall which rested on the vertebræ, was entirely absorbed, the vertebrae in reality forming the back wall of the aneurism, they also were extensively absorbed and broke down under finger; cartilages prominent and not altered.

REMARKS.—There are some points of considerable interest connected with this case. It will be remembered that at one time the bruit was noted as being peculiar, in occasionally being obscure, and at times never heard, when the man was in the erect position; and in this position no impulse felt. Now the examination having always taken place after breakfast, can it be that the stomach in a state of distention, occasionally so crowded over the mesenteric tumour as to prevent impulse being felt or heard. The peculiarity of pain noted on admission to Hospital, as shifting, with different positions of body, as if from traction of a moveable tumour, and which at one time gave rise to doubt as to whether or not an aneurism really existed, is I think fully accounted for when we consider that the mesenteric aneurism formed in reality a large moveable tumour, which no doubt did alter its position, according to whether the man lay on his back, side, or stood up.

Note by Dr. Anderson.—Having seen the above case during life, and having been also present at the *post-mortem* examination, I thought it of such interest that I requested Dr. Duff to permit it to be published in the Canada Medical Journal; he consented, and permitted me to take a copy of the abstract for that purpose. It has occurred to me, that when the man stood erect the tumour being pendulous, by gravitation, brought the sides of the mesenteric artery together and thus produced occlusion, which I think may fairly account for no bruit or impulse being detected.

25 St. Genevieve Street, Quebec, 1st. Feb., 1866.

HOSPITAL REPORTS.

Fungus Hæmatodes on the Hand.—Amputation of the forearm at its lower third, by Dr. G. E. FENWICK.—Reported by MR. CHARLES E. HICKEY.

Catherine Pinnegar—admitted to the Montreal General Hospital, Nov. 21st, 1865, aged forty—married—is the mother of nine children, the last being born on the 20th of last May. She is of large proportions, being considerably above the medium height. Is a native of Canada, and of healthy parents; has always enjoyed good health, and worked very hard.

Fifteen years ago she felt a slight pain, and noticed a swelling on the outer and posterior aspect of the metacarpal bone of the little finger of the right hand. One year from the time first observed, the swelling having reached the size of a goose's egg, with a pinkish hue, and being more or less painful at intervals, it was excised, the wound healing rapidly. Six months after, the surgeon who had performed the operation, on examining the part found it tender, and told the patient it would again trouble her. About this time, she felt it stinging or pricking like needles, but not enough to keep her from work. Whenever it would receive a blow the pain became very great, but was readily relieved by a poultice. This constant pain was always greatest during pregnancy, and after parturition was markedly diminished, and more throbbing in character. The recurrence, also, of menstruation, after rearing her children, likewise brought a great alleviation of pain.

Between four and five years from the time of its removal, it commenced growing gradually until about the middle of October last, when it burst through the skin, and presented a cauliflower like growth. It was then nearly the size of two fists and had a peculiar and offensive odor. The pains were now of a shooting character, or, to use the patient's own language, *like lightning*, running up to the shoulder and into her chest. After bursting through the skin it was not so tender to the touch.

After a consultation on the 25th of Nov., Dr. Fenwick removed the hand by amputation of the fore-arm, at its lower third, double flap operation; cold water dressing was applied, and the wound healed very rapidly. For several days after the operation slight shooting pains were felt running up to the elbow. These, however, gradually disappeared; she was always in good spirits and left the hospital the 3rd of January, 1866, thankful and rejoicing.

REVIEWS AND NOTICES OF BOOKS.

The Principles of Surgery. By JAMES SYME, F.R.S.E., Surgeon in ordinary to the Queen in Scotland; Professor of Clinical Surgery, University of Edinburgh, &c., &c., to which are appended his treatise on diseases of the rectum; structure of the urethra and fistula in perineo; the excision of diseased joints; and numerous additional contributions to the pathology and practice of Surgery. Edited by his former pupil, Donald Maclean, M.D., L.R.C.S.E., Professor of the Institutes of Medicine and Lecturer on Clinical Surgery, Queen's University, Canada. 8vo. pp. 880. Philadelphia, J. B. Lippincott & Co., 1866.

The work before us is simply what Mr. Syme, in his preface, calls it, "a framework of surgical science." In its composition *the author's* aim has been not to record all that might be said in regard to each subject under discussion, but to select what seemed of most importance.

The views of Mr. Syme on the subject of medical study are worthy of note; it is a subject which has, we have no doubt, come seriously under his consideration, as a member of the general council of medical education and registration of the United Kingdom. The system of overteaching is as injurious as that of overcrowding; the mind becomes wearied with the vastness of the subject at which an attempt is made to grasp. But however much may be said against over-teaching, we do think that in sending out a work, hailing from the pen of a surgeon of such acknowledged eminence as a teacher and operator as is Mr. Syme, more is expected than a very framework, and that but slightly altered since it first saw light some thirty years ago.

Mr. Syme, or his diligent pupil Dr. Maclean, might have brought the work down to the times in which we live; as at present the reader cannot but imagine that by some awkward error the printer has got hold of an old edition of Mr. Syme's work and reproduced it, and not his recent notes on the principles of surgery.

We fear our author has, in avoiding the sands of over-teaching, struck forcibly on the rock of terseness, and has omitted much which is useful to know, and without which, his framework appears incomplete. There is a medium in all things, but we prefer seeking knowledge at the expense of time and the midnight oil in the perusal of more voluminous works on surgery, though, perhaps, from authorities of less note than the very eminent author of the present volume, running our chance of read- Ra

ing too much rather than too little. In addition to the work on the principles of surgery, there is an appendix consisting of the well known publication of Mr. Syme, On disease of the Rectum; Stricture of the Urethra; Excision of Joints; Observations on Clinical Surgery, and his last papers on Excision of the Scapula and Tongue. These papers, all of them of great value, it is unnecessary to notice: they have already appeared before the profession in another form, and are conceded on all hands to be most valuable contributions to surgery. They contain the views, modes of treatment, and manner of performing operations with which the name of Mr. Syme is inseparable.

The work is well illustrated, and the wood-cuts are clear, and the paper and typography are superior. It is to be had of Dawson Bros., Great St. James street.

Lectures on Epilepsy, Pain, and Paralysis, and certain other Diseases of the Nervous System. By CHARLES BLAND RADCLIFFE, M.D., Fellow of the Royal College of Physicians, London; Physician to the Westminster Hospital, and to the National Hospital for the Paralyzed and Epileptic. Philadelphia: Lindsay & Blakiston. 1866. Montreal: Dawson Brothers.

The reputation which Dr. Radcliffe possesses as a very able authority on nervous affections will commend this reprint of his lectures to every medical practitioner. Disorders of the nervous system are very imperfectly comprehended—much concerning them being involved in mystery; and while Dr. Radcliffe has taken advantage of the ample room to theorize which his subject afforded, he has not failed to bring forward strong and formidable facts to prove the deductions he attempts to draw. The style of his writing is peculiarly terse and abrupt, yet easily comprehended—a great advantage when the obscurity and difficulty which surrounds his subject is considered. As a specimen of the terseness of his style we copy from page 190: “The general conclusions to be deduced from the conditions of the functions of respiration, circulation, and innervation in convulsion is this—that the pathology of convulsion is as much in harmony with the view of muscular motion set forth in these lectures, as it is at variance with the correct view on the subject—that, in fact, convulsion is connected with a state of depressed vital energy, and not with a contrary state of things. All the previous considerations lead to this conclusion, and to this conclusion only; and if I have failed to make this plain, it is now too late to make it plainer.” On the treatment of epilepsy, Dr. Radcliffe is brief, speaking strongly, however, in favour of bromide of

potassium in doses of ten grains, three times daily—he having used it constantly since 1858. Purgatives are deprecated and gymnastic exercises, cod liver oil, &c., strongly recommended. Without devoting greater space than we can at the present moment spare, an adequate idea of the great importance of the work cannot be given. We therefore recommend it to the notice of our readers, as a work that will throw much light upon the Physiology and Pathology of the Nervous System.

PERISCOPIC DEPARTMENT.

Medicine.

LOCOMOTIVE ATAXY—TREATMENT BY IODIDE OF POTASSIUM— PARTIAL IMPROVEMENT.

(Under the care of Dr. ARCHIBALD REITH.)

The following cases, for the report of which we are indebted to Mr. Fowler, are the first cases of locomotor ataxy which we have published in our Hospital Reports. They will be read with interest, as the disease is now exciting considerable attention in this country. Trousseau has given a most interesting account of progressive locomotor ataxy, and it may now, we are glad to say, be read in English. Dr. Bazire has just published the first part of his translation of the Professor's lectures. Dr. Bazire has added to the lecture on locomotor ataxy a most valuable record of cases observed by himself at the Hospital for Epilepsy and Paralysis, with important observations thereon.

James M., aged 39, plasterer, was admitted into John Forbes' Ward, March 23, 1865.

Previous History.—His health generally has been very good, and he has been very temperate in his habits. He has never had any disease with the exception of measles and hooping cough in childhood. About three years ago he passed water very frequently for a week; but he did not feel ill at the time, nor did he observe anything peculiar in the urine. His father died of cancer of the penis, aged 72, and his mother of natural decay, at the same age. Other near relatives healthy. He declares that he was never addicted to venereal excess of any kind.

History of Present Illness.—In the month of November, 1863, without any known cause or premonitory symptom, he began to lose the power of his right leg. The weakness seemed to commence at the ankle, and gradually crept up to the knee, and was accompanied by partial loss of feeling and a sensation of deadness. About two months subsequently

the left leg became almost suddenly in the course of one day similarly affected, though not to the same degree. There has been no change in condition for the last fourteen months. He has used a few simple remedies, but without benefit; and he did not persevere in their employment, because he thought he would recover spontaneously.

Present Condition.—Body well nourished, firm, and wiry. Skin natural. Feet habitually cold.

Nervous System.—He has no pain in the head nor giddiness. Consciousness and memory perfect. The mouth is drawn slightly to the right; best seen when he smiles. He is sometimes troubled with jerking of his legs. When he attempts to walk, he feels as if he had got a blow on the thighs, and his legs suddenly start up. If he attempt to put one leg before the other, it is sometimes jerked outwards or forwards, and planted rather forcibly on the ground without his control. His gait is that of a drunken man; but although he staggers forward in a rather precipitate manner, yet with the assistance of a stick he manages to get along without falling. When his eyes are shut, however, or when he has no support, he can scarcely move a step without falling; and if his two feet be placed parallel close together, with his eyes shut at the same time, he falls over as if he had no idea of the perpendicular, and has to be supported. He does not think his legs have wasted since the commencement of his attack. Speech quite unaffected. No abnormality in the spine.

Organs of Sense.—The left pupil is a little larger than the right. Taste unimpaired. There is partial anæsthesia in the right leg. He has sometimes stinging pains in his thighs apparently depending on the feelings above mentioned. Respiratory, circulatory, and digestive systems healthy. Urine natural.

The treatment consisted in the administration of iodide of potassium, in doses of ʒj. daily. The facial paralysis disappeared; but when he left the Hospital on April 17 he did not appear to walk better, although he himself thought he could.

LOCOMOTIVE ATAXY—TREATMENT BY IODIDE OF POTASSIUM— PARTIAL IMPROVEMENT.

(Reported by Mr. GALLOWAY.)

Jane S., aged 19, domestic servant, unmarried, was admitted into Ruth's Ward, May 11, 1865, complaining of inability to walk.

Previous History.—She has not had robust health since her childhood, when she suffered from scarlatina, typhus, and "remittent" fevers. She had inflammation of the eyes shortly after birth, and they continued

weak for four years afterwards. Her mother died four years ago of cancer of the womb; her father is still alive, and in good health; but he has had three or four attacks of transitory paralysis of one side of the body. Menstruation is regular.

History of Present Illness.—About eight months ago her right knee swelled and became painful. She was treated with tinct. iodini, applied externally; but after some improvement the knee again got worse; and she was admitted into the Surgical wards of this Hospital about a fortnight ago. The swelling of the knee gradually subsided, and she was then transferred to the Medical wards. She now complained of inability to walk, the loss of power being so gradual that she does not remember when she first felt it. She thought that the state of her right knee was the cause of it until it began to appear in the left leg. Before she became unable to walk she had a feeling of weakness across her back, latterly amounting to a dull aching pain. She has suffered for the last two months from a constant headache, like a feeling of weight on the top of the head, with a darting pain, sometimes over the right side near the brow. She feels her sight getting dim, and her eyes growing tremulous.

Present Condition.—Stout and well-made, though not robust. Hair and iris dark. There is slight swelling of, and a feeling of stiffness in the right knee and also in the ankle.

Nervous System.—She complains of severe headache, almost constant, like a weight on the top of her head, and of pain of a sharp darting character over the right eyebrow, and over the right side of the head. There is pain behind her eyes, mostly in the right. She complains, also, of a dull aching pain across the loins. When she walks she staggers as if she were drunk, and would often fall if not supported. She cannot walk at all with her eyes shut, and would instantly tumble down if she had nothing to lean upon. When her feet are put together and her eyes closed at the same time, she immediately falls over. In bed, however, she moves her legs quite well, and has so much power in them that several persons holding them cannot prevent her from moving them. Sensation is unimpaired in both limbs. *Organs of Sense.*—There is a tremulous motion of the eyeballs from side to side; no difference between the pupils, which contract equally to the stimulus of light. Her sight has lately become dim and misty, but she sees moderately sized type perfectly. Respiratory, circulatory, and digestive systems healthy. Urine healthy. Catamenia regular.

Large doses of iodide of potassium were given till July 4, when she left the Hospital relieved of her headache, but with little perceptible improvement in the walking.

Clinical Remarks.—Locomotive ataxy is commonly mistaken for paraplegia. The features of each are so distinct that it is surprising physicians did not sooner recognise the difference. Duchenne's vague definition of locomotive ataxy is, "Progressive abolition of the co-ordination of movement, and apparent paralysis contrasting with integrity of muscular power; these are the fundamental characters of the disease." Trousseau's is more definite, but commits science to what is yet but theory—"A spasmodic neurosis characterised by a want of co-ordination of the voluntary movements, often complicated with disorders of sensibility and partial paralysis." The chief feature of the disease, when fully formed, is, more or less, inability to perform the reflex functions of standing or walking. On attempting to walk the patient finds his legs refusing to obey the ordinary co-ordinating power; they are thrust outwards or forwards spasmodically, and planted on the ground in an irregular way beyond the control of the individual, who is in constant danger of losing his equilibrium. If he succeeds in getting a start he moves forward in a precipitate manner, staggering and stumbling, and is obliged to use a staff to prevent himself from falling. A paraplegic patient, on the other hand, if able to assume the erect posture, drags his legs slowly, but uniformly along, his difficulty being not to control the movements of his legs, but to get them to move at all. The most characteristic differences between locomotive ataxy and paraplegia are the following:—First, *in bed*, the patient with the former affection has complete power over the voluntary movements of the legs, as was well seen in the two cases above recorded, both of whom tossed about their legs with the utmost facility, and defying all attempts to hold them, while in paraplegia the power of voluntary motion is in a greater or less degree lost; secondly, in locomotive ataxy, if the eyes be shut, the patient can no more walk, or even stand, with his feet together than a person can stand or walk on stilts who has never been accustomed to them, while nothing similar is observed, in paraplegia, or indeed any other kind of paralysis. In fact, a patient with ataxy closely resembles a tyro endeavouring to walk upon stilts. These diagnostic marks are, therefore, very important, and ought not to be overlooked. They were well seen in the above cases. A woman affected with paraplegia was brought beside the girl S—, and the differences between them were most striking.

Locomotive ataxy seldom comes on without premonitory symptoms. The chief of these are rheumatic pains, partial and temporary attacks of paralysis, and disorders of urinary and generative organs. The pains are irregular, coming and going, and are generally mistaken for rheumatism. They were so in the girl S—; but that they were not rheumatic

was at once evident from the fact that they were confined to one knee and ankle—a point of some importance, for rheumatic pains of this kind are mostly due to lesion of the nervous system. There does not appear to have been any other premonitory symptoms in this girl, except amaurosis, which was, however, but slight, and the excessive pain on one side of the head. Amaurosis is a very common symptom, as also paralysis of the third and sixth nerves, and indeed of any nerve. The paralysis of the ocular nerves is, in general, more persistent than that of others. Transitory attacks even of hemiplegia may occur, and it is singular that the father of the girl S—— was thus affected, although there is no history of ataxy in him. The premonitory symptoms in the man ill,—— were partial paralysis of the left facial nerve, and at one time what looks very much like incontinence of urine. He also had cutaneous anæsthesia, which is a frequent attendant on the disease.

The usual post-mortem appearances found after death in these cases are grey degeneration of the posterior columns of the spinal cord, and atrophy of the posterior roots of the spinal nerves. So long as the posterior columns were believed to be the channel for the transmission of sensitive impressions to the brain, this state of parts existing with little or no loss of sensation, but with loss of the reflex power of standing and walking, was rather perplexing, especially as the anterior columns were free from disease; but since the experiments of Brown-Séguard have shown that the posterior columns have not the office formerly assigned to them, and moreover that section of them causes hyperæsthesia, instead of anæsthesia, together with locomotive ataxy, the pathology is more intelligible. But how does it happen that with atrophy of the posterior roots there is often little or no loss of sensation? The explanation given is, that the hyperæsthesia which would be produced by disease of the posterior columns alone is counteracted by the atrophy of the posterior roots, in which some nerve tubes remain intact, sufficient to account for the persistence of sensation. This may be true, but it is not quite satisfactory. It is to be regretted that the state of the sympathetic nerve has not received the attention it deserves. There seems evidence to show that that nerve has more to do with reflex motion than has generally been supposed. Last year M. Voisin presented to the Société de Médecine of Paris a case of locomotive ataxy of the upper extremities where the cervical sympathetics were found diseased.

An attempt has been made to distinguish locomotive ataxy caused by disease of the posterior columns from that caused by cerebellar disease.

An attempt has been made to distinguish locomotive ataxy caused by disease of the posterior columns from that caused by cerebellar disease.

I am afraid this will be found impossible in practice, at least in many cases. It may be possible to diagnose the locality of the lesion, whether in the cerebellum or in the spinal cord; but that both varieties belong to the same category I have no doubt. For, in ataxy, from spinal disease, we also find sometimes structural change in the optic nerve, the optic tract, the corpora quadrigemina, and the motor oculi, without disease in the cerebellum; and yet in some cases of so-called ataxy, the only lesion found has been cerebellar. The ataxy likewise is not confined to the legs, but may proceed to the upper extremities, or even affect them solely, as in Voisin's case just mentioned. The cerebellar and spinal diseases are, therefore, probably varieties of the same evil, the ataxy being the symptom. And here I may be permitted to quote some observations of Dr. Hughlings Jackson. Speaking of cases of paralysis of one or more cranial nerves, with paralysis of both legs, and no paralysis of the arms, except now and then a little paralysis of the hands or fingers, he says:—"One of three inferences may be drawn from these facts. 1. The symptoms may by some be considered to occur together by a coincidence. 2. That the paralysis of the cranial nerve is the result of reflex action, set up by the disease of the cord which produces the paraplegia. This is the explanation given by Dr. Brown-Séquard. 3. That there is a tract in the higher part of the nervous system which contains nerve-fibres from the legs and not from the arms, or, at least, only from the fingers or hands. Some of these cases resemble, and perhaps are, locomotive ataxy. There is in some a loss of power in walking properly, whilst the legs seem to retain considerable power. This, of course, applies only to those whose sight is merely impaired. When the guiding power in the legs is lost, we use the eyes to direct our movements. Even in health "we lean," says a distinguished physiologist, "on our eyesight as on crutches." Patients who have ataxy, therefore, cannot walk in the dark, or when their eyes are shut. Blindness, following loss of guiding power in the legs, seems then to be not so much a complication as the loss of a similar faculty. But when the patient has lost both these helps to guide himself, it is just possible that he may struggle his way from object to object by touch. But a third unction in the general power to guide movements is frequently affected also, there is numbness of the fingers; so that the power to combine movements in the legs, or to do so in a supplementary way by help of the eyes, or of touch, is lost altogether. This, I think, renders it plausible that there may be in the higher parts of the nervous system a tract of nerve-fibres passing from the legs, fingers (tips) to the corpora quadrigemina for the general purpose of guiding movements in progression."*

* *London Hospital Reports*, vol. i, p. 377.

The prognosis of locomotive ataxy is bad. Patients, if they do mend for a little time, mostly go from bad to worse till they can no longer maintain themselves in the erect posture, and die cachectic. Various remedies have been tried. Electricity and nitrate of silver are favourite remedies with some, but not much confidence can be placed in them. There is this comfort, that the disease may remain stationary for many years.

Note.—The second patient has just recovered from an attack of typhus. The symptoms of ataxy are more developed, but there is now some loss of voluntary power in the legs, probably from extension of the disease to the grey matter.—*Medical Times and Gazette.*

ON THE TREATMENT OF DIPHThERIA WITH HYPOSULPHITE OF SODA.

By MR. J. CLARKSON MAYNARD.

Being convinced of the great curative powers of the hyposulphite of soda in all cases of diphtheria, and as it is a remedy that I have no reason to believe has as yet been tried in such cases, a few remarks on the subject may be interesting, and I hope of value to the Profession.

The idea of using this salt first suggested itself to Dr. Tubbs, of Upwell. He says, "My grape vines were diseased, and upon my gardener applying sulphur to them it proved effectual in destroying it. This, therefore, gave me a hint if sulphur would act so effectually upon vegetable, why should it not have the same effect upon animal life? We know it will cure the itch. I therefore determined to try the hyposulphite of soda, and in doing so was much struck with its effects upon the throat in diphtheria. The hyposulphite is preferable, owing to the sulphurous acid not being deposited on the mucous surface, but set free and more easily absorbed."

Shortly afterwards, Dr. Tubbs recommended this treatment to me, and by our joint application we have succeeded during the present epidemic in this neighbourhood in curing, with the exception of one, every case that has come under our care, in number about fifty. We therefore think ourselves justified in making known to the Profession the result of our experience.

The plan of treatment we pursue is as follows:—On first visiting a case, if not very far advanced, and in which only a few spots are visible, the throat is dressed twice a-day with a strong solution of the hyposulphite of soda—viz., ʒ iij. of the hyposulphite, glycerine ʒ ij., with ʒ vi. of water. This generally removes the incipient exudation in forty-eight hours, sometimes in less. But if the case is an advanced one and the

parasitic plant is making rapid strides, we wash the throat well out with warm water by means of one of Maw's flexible syringes. This is alike agreeable and most beneficial to the patient. The affected parts are then dressed with the strong solution, and a gargle of ʒ ss. of the hyposulphite to half a pint of water, with ʒ ss. of glycerine, is given to be used every hour.

The effect of the solution upon the exudation is most marked. It appears to solidify and dry up the false membrane, and when the syringe is again used, which is to be frequently done, the force of water will, if not completely, nearly entirely wash it away. The exudation in this way seldom or ever re-forms, and the patient makes comparatively a rapid recovery. In cases of a graver character, and where there is a larger collection than usual of inspissated mucus, we clear out the posterior nares by means of a powerful curved leaden syringe which is introduced into the nostril. In the putrid stage, and when the unpleasant odour from the throat is very offensive, a small quantity of Condy's disinfecting fluid added to the water with which we syringe the parts has proved of great advantage. I may add that from half a gallon to a gallon of warm water ought, certainly in bad cases, to be thrown into the throat three or four times a-day. The ext. belladonnæ applied externally has proved very useful where there has been much swelling.

In cases of very young children where it is difficult to dress and get at the throat, we give the hyposulphite internally, from gr. j. to gr. iij. every four hours, and allow them to swallow the gargle, which, by the way, they very frequently do without permission. Dr. Tubbs informs me he is now giving to adults gr. viij. every four hours. Port wine, beef tea, brandy, and bark are, of course, given in suitable quantities, and in cases where there was much prostration we have occasionally thrown up, with very satisfactory results, an enema of port wine, beef-tea, and isinglass.

Should any member of the Profession be induced to try this plan of treatment, I should feel much obliged by his giving us the results of his experience.—*Medical Times and Gazette.*

THREE CASES OF CONSTIPATION.

By JAMES L. CARSON of Coleraine, Ireland.

In May, 1863, I was called to see Master—, aged about 4 years. He was complaining of intense pain in his bowels, and had a constant disposition to go to stool, but could get nothing passed with the exception of a little slimy, watery-looking matter, slightly tinged with blood. The child was supposed to be labouring under diarrhœa; but the symptoms

did not satisfy my mind on that point, and therefore I passed my finger into the rectum. I found the rectum greatly distended and completely blocked up by an egg-shaped, hardened mass of fæces. The mass was so hard and so large that the child could not possibly have expelled it by the natural efforts. I had no instruments with me, and as the case was urgent, I did not like delay, and therefore I had recourse to the use of a couple of narrow-handled silver egg-spoons. I oiled the shank of one of the spoons and passed it gently over the mass, in the same way as the blade of the forceps would be applied to the head of a child; I then brought the mass down to the orifice of the bowel, and held it in that position till I scooped it away in small piece with the shank of the other spoon. The child was put to bed for twenty-four hours; a dose of castor oil was administered to clear out the whole intestinal canal, and there was no further trouble.

I was asked, in October, 1863, to visit a lady, aged 25 years. She was said to be in a dangerous, if not hopeless condition, from an intractable diarrhœa. A great variety of astringents had been used, but all to no purpose, as the diarrhœa was still going on, and the constitution was nearly exhausted. Fortunately the stools were kept for my inspection. The discharge did not correspond with anything I had ever seen in diarrhœa. It consisted of slimy mucus, mixed with broken-down-looking fæcal matter, in an almost liquid state, and having the tinge and appearance of very dark slate-coloured clay. I gave it as my opinion that, in place of being a diarrhœa, it was a case of old standing obstruction in the bowels, and that the liquid discharges were coming past the obstructing mass, and thus washing away its sides. This opinion was not well received, and it was plainly hinted that I was under a great mistake, as it was a decided case of diarrhœa, which must soon prove fatal if not put a stop to. I then asked and obtained permission to examine the rectum with my finger. This revealed the secret. The rectum was distended to an extent which could hardly be credited, and the pelvis was literally filled with a mass of fæces, which felt as sticky as putty, and so hard that I could make no impression on it with the point of my finger. I had extreme difficulty in getting it broken up without injury to the pelvic viscera. I protected the bowel with my finger whilst I bored and scooped away the mass. The operation required nearly three hours for its completion; and the fæcal matter which was removed half-filled a large chamber pot. A dose of castor oil was given at bed-time; and on my visit next day, I found the pelvis again filled with fæces, which had come down from the colon in lumps about the size of a hen's egg. The patient was not able to discharge them through the anus, and I was obliged to

remove them. When the rectum was emptied, the bowels acted freely from the oil ; but the quantity of lumps which came away could not be credited by any person who did not see it. Aperients were regularly administered, the lady was kept to bed for ten days, and the recovery was complete.

I was called to Mrs.—, at 9 o'clock on Saturday night, January 30, 1864. She was suffering extreme pain in the region of the transverse colon. She also complained of a band round her body at that part. On examination of the spinal nerves, I found great tenderness on pressure over the roots of two of them. There was very little, if any pain on pressure over the abdomen, and the pulse was in no way indicative of inflammation. The lady was far advanced in pregnancy. There was a very small, hard motion from the bowels in the morning, but none for four or five days previously. I diagnosed obstruction in the transverse colon, and irritation in two of the spinal nerves. A mustard plaster was applied over the roots of the nerves ; an opiate and aperients were administered by the mouth, and copious turpentine enemata by the rectum. On Sunday morning I had a consultation with a brother practitioner in Coleraine, and on Monday with two others from the city of Derry. Suffice it to say, we were all in regular attendance till the following Thursday evening ; but although we did everything we could invent, we were not able to procure a motion from the bowels. We could easily feel the obstruction in the colon through the integuments. Our treatment was exhausted, and we saw nothing but death before us. We had tried purgatives, opiates, powerful enemata by O'Beirne's tube, mercury, galvanism, and everything our combined ingenuity could devise ; but all to no purpose. As we could go no further, we agreed to persevere with O'Beirne's tube and the opiates, and to give support and stimulants. Our only hope lay in the fact that still we had no active inflammation to deal with. It so happened that on Friday, February 5, the O'Beirne's tube which I was about to use was accidentally broken, and in the emergency, I attached the tube of a stomach-pump. Having marked twelve inches on it, I passed it that length. It just then occurred to me, however, that I would pass it on through the obstruction in the colon if I possibly could, as I thought it was the last chance for saving life. When inserted twenty-two inches, it reached the obstruction. I then pushed it steadily, but firmly and cautiously, on for two inches more, when the resistance ceased. A large quantity of warm water was thrown up without difficulty. After the tube was withdrawn it was found to be flattened and bent about two inches from the point. I felt certain I had passed through the obstructing mass, and my opinion was speedily confirmed. In a short time the water came away ; the pain in the

transverse colon was gone; there was no longer any tumour to be felt; and the patient said she felt that all was now removed to the lower part of her left side. There was a complete appearance of relief in the countenance. Purgatives were again administered, and the obstructing mass was gradually removed in the form of hardened lumps and broken-down feculent matter. The recovery was perfect and uninterrupted. The child lost its life, probably from the galvanism, and was expelled by premature labour in about a fortnight. The lady has been in excellent health ever since.—*Medical Times and Gazette.*

SINGULAR CAUSE OF BILIOUS VOMITING.

By W. KOSTER.

A woman, under treatment in the Hospital at Utrecht, who had for some time been in a cachectic condition, in consequence of carcinoma of the womb, began in the last weeks of her life to vomit matters strongly coloured with bile. This vomiting continued until death, varying in the degree of violence; the patient was at the same time slightly jaundiced. The food and drink which were taken, did not directly excite the vomiting; the vomiting, too, occurring some hours after meals, and characteristic of constriction of the pylorus, was wanting. There could consequently be no suspicion of the existence of cancer of the stomach; moreover, that would not explain the *vomiting of bile*. We had, therefore, to be satisfied with the vague idea of an impediment to the conduction of the bile through the duo-*lenum*.

On post-mortem examination, which revealed also the ordinary results of cancer of the cervix uteri, it appeared that the cancerous growth had extended over the body of the womb, and by ulceration had produced a fistula between the bladder and the uterus. In addition a scirrhus growth had formed in the subperitoneal connective tissue of the *ligamentum latum*, and had extended upwards in the retroperitoneal connective tissue along the vertebral column.

The ureter and the iliac vessels were surrounded by it, but the cavities of these canals were open. Along the aorta the induration extended to the inferior transverse portion of the duodenum. The latter was half way surrounded by the hard mass, and was, as it were, compressed and constricted by it. The little finger could be introduced into the constriction. The coats of the intestine were not perceptibly altered, and surrounding induration had more of the character of an increase of connective tissue with subsequent contraction, than of a true scirrhus, the structure of which, however, lower down, was not doubtful.

The bilious vomiting during life therefore depended evidently upon an impeded, but not absolutely obstructed passage of half-digested food, mixed with bile, through the lower portion of the duodenum. An accumulation of matters mixed with bile in the duodenum was the result. But in the latter stages of carcinoma vomiting is not unusual. In this case the occurrence thereof was greatly promoted by the cause described, and at the same time the explanation of the *bilious* vomiting follows as a matter of course.

TREATMENT OF A CERTAIN FORM OF PARALYSIS OCCURRING IN CHILDREN.

Dr. Wm. A. Hammond relates (*New York Medical Journal*, December, 1865) three cases of that form of paralysis "consisting essentially of fatty atrophy of the muscles" successfully treated by the continuous galvanic current.

The first case was a boy, five years of age, who came under Dr. H.'s care "April 19, 1865, to be treated for paralysis of both lower extremities. During the previous summer the child had suffered from whooping-cough, and when the disease was at its height motion and sensation were suddenly lost in both legs from the hips down. Medical advice was at once obtained, and various measures were in consequence adopted, without any material benefit. Sea-bathing was then recommended, and this was faithfully persisted in for several months, with the result of restoring sensibility to both limbs, and motion to the muscles of the thighs. Since then strychnia had been administered, both by the stomach and by subcutaneous injections, without the least improvement being effected. Upon examination with the æsthesiometer I found the sensibility of both limbs tolerably good. The mercury of a delicate thermometer, the bulb of which was applied to the thigh, stood at 90°, whilst below the knees the temperature was but 82°. The child was able to flex, extend, rotate, abduct and adduct the thighs, and to flex and extend the legs. There was no power, however, over the feet, and upon careful examination I could not find that a single muscle situated below the knees was capable of contracting from strong induction currents. Both legs were atrophied. They were of the same size, being at the largest part six and a quarter inches in circumference.

"Aside from the paralysis the child appeared to be in good health. Its appetite was good; there was no pain, and it slept well at night.

"I directed that night and morning both legs should be put up to the knees in water of the temperature of 110°, and kept there for twenty minutes; that they should then be well rubbed for half an hour with a

coarse towel, and the muscles kneaded for the same period; the child was also to be brought to me three times a week for faradization.

" This treatment was continued for three weeks with but little if any benefit. During this time I had continued to use very strong induction currents for fifteen minutes to each leg three times a week. The machine, which was very powerful, was put in action by a battery consisting of three Smee's cells. The current excited caused the most intense pain, but did not produce the slightest apparent contraction in any muscle. I then determined to make use of the constant current derived from a voltaic pile of one hundred pairs—and consequently possessed of great intensity. The poles were applied first to the tibialis anticus of the right leg. The instant the circuit was made the foot, moved up. By continuing the experiment, I found that contractions could be induced in every muscle of both legs. I then had an arrangement constructed for making and breaking the circuit rapidly, and persevered with the treatment daily for a week. During the whole of this period, at every trial contractions were invariably induced in every muscle upon the circuit being made and broken. The warm water frictions and kneading were also continued. I now found that the temperature of the legs below the knees was 86° , and that the circumference was, at the former place of measurement, seven and one-eighth inches. The facts that the toes could now be slightly flexed and extended by voluntary efforts, and that there was some little power over the gastrocnemii muscles, assured me that the cure would ultimately be complete. In this hope I was not disappointed. Amendment continued, and on the 17th of August, when I saw the child for the last time professionally, power over all the muscles of both legs was almost completely restored. Very feeble induction currents now caused contraction. The tibialis anticus was still, however, weak; but I have no doubt that by exercise it, as well as all the rest, will become well nourished and strong. At this date the circumference of the legs was eight and a half inches, and the temperature 90° ."

This, with the two other cases, presents, Dr. H. remarks, " a fair idea of the action of the continuous galvanic current of great intensity in exciting muscular irritability when it has been apparently altogether lost, so far as other means enable us to determine. After contraction has been well established, and the will begins to assume its power over the affected muscles, I prefer to use the induced or faradaic currents, as being more local in their effects. The continuous current, as I propose to show in a subsequent memoir, does not limit its action to the part through which the galvanism passes, but affects distant regions of the body,

" The voltaic pile of which I make use is one which I devised myself,

and which I find to possess great intensity. It is constructed of perforated zinc and copper gauze cut into square pieces soldered together, and the couples separated by pieces of woollen cloth. It is set in action by strong vinegar, a few seconds' contact of the poles (terminated by wet sponges) with the skin will cause vesication. Its use, therefore, requires caution. It cannot be applied to the face, or any part of the head and neck to which the fifth pair of nerves is distributed, without risk of causing great disturbance of vision and perhaps blindness from over-excitation of the retina."

SYCOSIS CURED BY SULPHATE OF SODA.

By J. Y. Dale, M.D., Agricultural College, Pa.

In August, 1865, I was consulted by T. W., aged 23, a returned soldier, who had *sycosis menti*, which extended over his chin and the left side of his face. Having read of the influence of sulphite of soda on diseases of cryptogamic origin, it occurred to me that this would be a very good case in which to try its effects. I therefore prescribed for him as a local application *sodæ sulphis gr. xl, aquæ ʒ ij, glycerinæ ʒ j, M.*, which was to be used frequently; and I directed him to keep his beard closely trimmed, but not to shave. In four days not a vestige of the eruption remained. The same remedy has proved equally effectual in three cases treated since then.

ON THE NATURE AND TREATMENT OF CHILBLAINS.

By HENRY SAMUEL PURDUN, M.D., L.R.C.P.Ed., L.R.C.S.I., Physician to the Belfast Dispensary for Diseases of the Skin, Assistant Physician to the Belfast Charitable Infirmary, &c.

Chilblains are an inflammatory state of the cuticle arising from exposure to cold, *Dermatitis congelationis*, as Hebra calls it. Now the specific inflammation (if I may so term it) that causes chilblains extends to the deeper structures of the corium, frequently to the cellular tissue beneath it, and is not primarily subcutaneous. In chilblains, like other inflammations, we have increased vascular action, followed by subcutaneous infiltration.

This affection is ushered in by a feeling of heat and itchiness, combined with redness and swelling of the affected part; the sensation of itching is aggravated by warmth. In some cases vesicles make their appearance, accompanied by a weeping of serum, being a typical eczema of Willian; in other instances by numerous fissures, the eczema fissum of

Wilson, eczema rimosum of McCall Anderson, eczema fendill of the French. When the disease passes this stage, suppuration usually takes place, eventually ending in painful ulceration; indeed, cases have been recorded in which the integument covering the bone has completely sloughed off.

Chilblains are most frequently met with in children and females of a cold lymphatic temperament, and already several cases have been admitted at the Belfast Dispensary. This affection commonly appears on the fingers, toes, and ears, arising from exposure of these parts to cold when being imperfectly dried after washing.

Towards the prevention of chilblains in those who have been subject to them, bathing the hands or feet, as the case may be, in cold water, to which some vinegar has been added, and afterwards brisk friction employed, tends considerably towards keeping the parts in a healthy state.

In the majority of the prescriptions given by authors for the cure of this complaint rectified spirit enters largely. Tincture of arnica, on the same principle, by lowering inflammatory action and causing absorption of any effusion that may have taken place, is extremely useful in unbroken chilblains; but my favourite prescription is that of Marjolin's, and which seldom fails:—

℞ Balsami Peruviani, ʒ ss.

Spiritus rectificati, ʒ iss.

Dissolve, and add

Acidi hydrochloridi, ʒ ss.

Tinct. benzoini. comp. ʒ ss. M.

A little of this is to be rubbed occasionally into the affected part, or if preferred by the patient, a small piece of linen can be moistened with some of the above and applied to the part; a sensation of smarting is usually experienced for a few minutes.

When the chilblain is broken, I find the calomine ointment (Turner's cerate) a very good dressing, and if thought desirable to stimulate the part we may combine it with equal parts of clemi ointment.

If ulceration has taken place the nitrate of silver should be freely used.

Belfast, November, 1865.

THE CHOLERA AS IT APPEARED AT THE PORT OF NEW YORK IN 1865.

By J. SWINBURNE, M.D., Port Physician.

The "Atalanta," an English mail steamer, iron-built, of 325 feet in length, and 36 feet beam, with two first and second cabins fore and aft on

the deck, and three separate steerages of 98, 80 and 70 feet in length, and $8\frac{1}{2}$ to 9 feet in height, sailed from London on the 10th of October, with a full cargo, and 28 cabin and 12 steerage passengers. London was at that time perfectly healthy. On the 11th she arrived at Havre, remaining only one day and receiving 24 additional cabin and 540 steerage passengers, mostly from Switzerland, the southern part of Germany and eastern France, all, with few exceptions, passing through Paris on their way to Havre, some remaining only a few hours, others for days in the Metropolis, where already at that time cholera was reported to prevail, though to a limited extent and a of mild type. Among these were two families from Germany, who remained a day at the hotel, "*City of New York*," at Paris, and five days at the "*Weissen Lamm*," and "*Hullgarder Hof*," in Havre. While at these hotels, emigrants who had arrived only a few days before them were taken ill, visited and attended by government officials, and by their orders sent to the hospitals.

The "*Atalanta*" sailed again on the 12th of October. On the 13th the first death from cholera occurred in the person of a little child in the family from the "*Wiessen Lamm*." On the 14th, 16th, 18th, 19th and 22d, five deaths from cholera occurred in one family from the "*Hullgarder Hof*." On the 22d, a friend of the family, also from the "*Hullgarder Hof*," but in the 2d steerage, sickened, and died on the 24th. On the 28th, the first cases occurred in the 3d steerage; 3 of the emigrants from London were taken ill on the 30th, all of whom, however, recovered. When the *Atalanta* arrived, the surgeon of the steamer reported 60 cases of cholera and 15 deaths during the passage; two more died after her arrival in port, and 6 out of 42 cases admitted on board the hospital ships, making a total of 102 cases and 23 deaths. Of the 42 cases treated in the hospital, 22 were admitted on the 6th; six on the 7th; two on the 8th; seven on the 9th; two on the 15th; three on the 16th; one on the 19th. From the first case, the disease presented the uniform symptoms pathognostic of Asiatic cholera, and although in comparatively few cases terminating fatally, the same virus produced the milder forms of disease which destroyed life in 24 or even in 12 hours.

The "*Hermann*," which sailed from Havre at the same time with the *Atalanta*, arrived at the lower quarantine on the 26th of November. The physician in charge reported 7 deaths—4 children, 3 adults. The former he reported to have died of diarrhœa and inanition; the 3 adults of disease of the heart, inflammation of the bowels, and premature parturition after a few days illness. Singular, however, that the first death occurred in the very family who had lost the mother at the *Hullgarder Hof* at Havre, and whose disease and death, after 36 hours' illness, the

illiterate peasant, her husband, so graphically described, that no doubt whatever could exist, that she died of cholera asphyxia. The "*Cella*," of the same line of steamers, arrived on the 20th from Havre with 360 passengers of the same class, and from the same region of country, but no case of sickness or death was reported during the passage and on arrival. The "*Mary Ann*," an American bark, from Havre on the 25th of October, arrived on the 12th of December. The captain reported 5 deaths during the passage, 4 from cholera; the first died on the 28th of October, the 3 others on the 3d, 4th and 5th of November, after an illness of one to two days duration. On a small vessel, with a deck scarcely 6 feet high, and crowded to its utmost capacity, and without any special care or prevention, the disease disappeared, and all on board enjoyed good health for 30 days previous to her arrival in port. The "*Harpwell*," which sailed on the 28th of October, a few days after the "*Mary Ann*," lost 7 infants during the passage, but no cholera cases occurred. Equally exempt were the two first class steamers "*Europe*" and "*America*," with passengers directly from Paris, where the majority had resided for some time previous.

That cholera prevailed in Paris, and to some extent in Havre, has been admitted by all, and what is still more significant, the "*Atalanta*," "*Mary Ann*," "*Hermann*," and "*Harpwell*," had each names on the passenger list which were not among the passengers, but reported to have been sent to the hospital by the local authorities at Havre. The clean bills of health were unquestionably issued by the same spirit which reported 200 cases at Paris at a time when upwards of 300 daily died of cholera.

Although the appearance of cholera was not unanticipated in the port of New York, no facilities whatever were prepared for an efficient quarantine. The *Atalanta* was immediately, upon arrival, sent to the lower Bay, the surgeon of the vessel relieved, and as soon as the hospital-ship could be prepared and the weather admitted of the removal of the sick, they were all, and as they occurred, transferred to the hospital-ship; the baggage of the passengers was opened and aired; the soiled linen washed, and baggage, bedding, and personal effects of every kind subjected to fumigation in cool chambers prepared for that purpose. This fumigation was effected by a mixture of black oxyd of manganese, common salt—equal parts, well moistened—and the addition of sulphuric acid, one part to four. The generation of gas was so abundant that one of the hands of the boat could only be restored with difficulty and after hours' attention, from the effects of inhaling the gas, four hours after fumigation had commenced.

The quarantine of passengers has been decried as barbarous and inhuman; and certainly none would be more anxious to grant them better accommodations than the officer in charge. When we, however, consider that the disease is not in the vessel, but among her passengers, and will necessarily accompany them wherever they go, that the accommodations on board the vessel, if scanty, are at least adequate to their wants and such as they are accustomed to, the neglect of the authorities to provide proper accommodations, though not less flagrant, was at least shorn of its alleged inhumanity and barbarity; in fact, that debarcation does not eradicate the disease, any medical man will admit, and as an instance in proof, I may mention the case of the "*North America*," in 1854. Cholera existed on board of that vessel two weeks before her arrival in port. Ten of her passengers had died during that time, and 7 cases were sent to the hospital on her arrival. The day following, all her passengers were landed. In three days, 128 cases and 32 deaths occurred among 250 passengers, while the crew remained perfectly healthy, and no new cases could be traced to the vessel. The passengers of the "*Atalanta*" received pratique ten days after the occurrence of the last case, and the vessel, a few days afterwards, was thoroughly cleansed and repeatedly fumigated.

As facts are the only true basis of inference, I have limited my observations to simple recital of facts. Facts alone can guide us in a practical rational quarantine, and however much even medical men may differ as to the mode of its administration, all, I think, must agree upon the necessity of quarantine, both of sick and exposed.

DIABETES IN A MONKEY.

Dr. Béranger-Féraud recently related to the Société de Biologie a case of diabetes in a monkey. Being well aware of the liability to tubercular disease among animals brought from warm regions, he attempted to find the result of modifying their aliment; and for this purpose gave to two monkeys food more rich in nitrogenous matters than that which they ordinarily use. One of the animals refused to eat animal food, and soon died of acute tubercular disease. The other readily ate it; and at first appeared to thrive. But, during apparently flourishing health, and a full supply of rich food, the animal became rapidly lean; and was troubled with unappeasable thirst. The urine increased in quantity, and left by evaporation a residue recognizable by chemical tests as glucose. Amaurosis and convulsions supervened; and the animal died three months after its arrival in France.—*Gaz. Méd. de Paris* and *Brit. Med. Jour.*

Surgery.

CASE OF LIGATURE OF THE EXTERNAL ILIAC ARTERY.

(Under the care of Mr. ADAMS, London Hospital.)

ON November 17, Mr. Adams tied the external iliac for the cure of an aneurism of the common femoral artery. The case was that of a woman, aged 53, and was peculiar from its being supposed to have originated from a kick in the groin received three years ago. A swelling resulted from the violence inflicted, and remained stationary until five months ago, when it began to enlarge until it increased to the size of two fists, and extended into the pelvis at least three inches. The limb was much swollen and very tense in some parts, owing to the pressure upon the vein. The minute capillaries of the skin were much distended.

An incision of at least five inches was made in the usual situation, and the layers of abdominal muscles and the fascia transversalis were carefully divided, and the artery was readily secured.

The case has progressed satisfactorily to the present time (Dec. 23,) the tumour has much diminished, and the leg has returned to its natural shape and size.

The ligature came away on the twenty-ninth day.

STRICTURE OF THE URETHRA OF TWELVE YEARS' DURATION, INFILTRATES OF URINE, ABSCESS IN PERINÆO, SUBSEQUENT FISTULOUS OPENING, IMMEDIATE DILATATION. CURE.

By BARNARD HOLT, Senior Surgeon to the Westminster Hospital.

R. B., a labourer, was admitted August 10th, 1865. He had suffered from stricture for twelve years, and for some time previous to admission had only been enabled to pass his urine in drops. The late Mr. Brown of Stratham, under whose care he was, failing to get any instrument into the bladder, sent him to the hospital; upon admission it was found he had infiltration of urine to a great extent, there had been a large abscess in the perinæum through which the urine escaped freely, his general health was much damaged, and he was much emaciated. I endeavoured to pass a small catheter, but upon several occasions I failed to get beyond the first stricture, which was in the spongy part of the canal, I, however, eventually succeeded in passing the smallest sized gum elastic catheter through two other strictures into the bladder. This was fastened. Upon the following day I succeeded in introducing a larger size, and eventually I passed the dilator and split the strictures, which were very dense and offered considerable resistance to the tube. This being the largest size

the urethra would take, the urine was removed upon the first four occasions by the introduction of the catheter, and the after treatment was properly carried out. The fistulous openings speedily healed; the man could pass his water in a full stream, and his health greatly improved. He now only requires the passage of the No. 10 bougie once a month. This was another example out of many that have been already recorded of the rapid manner in which an obstinate and complicated stricture might be at once relieved, and the patient be speedily restored to health; it was also a good example of the rapidity with which urinary fistulæ will heal with retaining any instrument in the urethra, so soon as the urethra is restored to its natural dimensions.—*Dublin Medical Press and Circular.*

ACCUPRESSURE.

The Medico-Chirurgical Society of Edinburgh held its first meeting on Wednesday, the 18th November. A paper was read by Dr. W. B. McKinlay, on the much debated question of "Accupressure." Dr. McKinlay occupies the positions of Surgeon to the Infirmary and Surgeon of Police in Paisley, and has been able to test, in a large and valuable experimental field, the advantages of accupressure. The opinion he has formed of its applicability to Surgery, major and minor, may be best understood by repeating his statements that he now, as a rule to which there are extremely few exceptions, employs accupressure in his Hospital practice, and that his pocket-case for private and police practice contains no other hæmostatic except the means required for accupressure. He finds, generally, that secondary hæmorrhage is now never met with by him, that all his operations are brought to a termination more speedily than before employing this agent, and that it has not been a cause of pyæmia, as this has never been seen in Paisley within his experience. Dr. Patrick Watson, one of the Surgeons in the Edinburgh Royal Infirmary, spoke warmly in favour of accupressure. At one time one of its most determined opponents, he had been induced to give the method a trial, and was so firmly convinced of its superiority that ligatures are now very rarely used by him. He spoke of its great advantages in excisions, even of the knee, and instanced a case of castration where complete recovery occurred on the third day. Professor Simpson, in a speech of considerable length, referred to various objections, which he attempted to combat, especially complaining that some Surgeons had ignorantly modified his method in a manner which completely annulled the advantages claimed for it, by forgetting the short time the needles should be retained. He announced his firm belief that accupressure, or, possibly, some more

perfect method of avoiding interference with healing by the first intention, was certain rapidly to extend and instanced Aberdeen, where all the Hospital Surgeons, except one, employ it alone. At this meeting it appeared a significant fact that only one gentleman, Dr. Gillespie, attempted to hint that the method by ligature had been unfairly decried, and accupressure extravagantly praised. A large proportion of the Medical Profession in Edinburgh, we are morally persuaded, are not inclined to occupy the position of exclusive advocates of either method, but rather that *milieu* which is so often *juste*. It appears as yet the only logically tenable position when, on the one hand, we refer to the favourable experience of Paisley and Aberdeen; and, on the other, to the more than doubtful experience of Carlisle and Liverpool.—*Correspondence Med. Times and Gazette.*

Midwifery and Diseases of Women and Children.

THE MANAGEMENT OF THE THIRD STAGE OF LABOUR.

By DR. H. EASTLAKE.

Having briefly described the opinions which existed amongst the accoucheurs of times gone by, the author proceeds to give an account of the modern views and principles which govern the placental stage of labour, Dr. Eastlake lays great stress upon the hand being placed firmly on the fundus uteri at the moment the child is being expelled, the uterus being thus followed down, and the contraction maintained by gentle pressure. He states that external manipulation, judiciously applied, was, in the majority of instances, quite sufficient *per se* to effect the expulsion of the afterbirth, without any traction whatever on the funis. He believes that the great secret is to exert the pressure during a contraction; in short, to act in unison with nature as we did in the application of forceps, where we applied our chief force at the moment of a pain. Dr. Eastlake says he had no doubt that many would imagine that, after all, this was no modern idea; but he demonstrates that this teaching was not definitely described and insisted on in our manuals of obstetrics. Dr. Credé, the Professor of Midwifery at Leipsic, appeared to be the only one who had advocated this doctrine and brought it prominently before the profession. The author next considers the subject of retained placenta, and alludes to the various causes which arrest nature's process of extruding the afterbirth. The three steps in the natural expulsion—namely, (1) the detachment from the wall of the uterus, (2) its extrusion from the uterine cavity, and (3) its expulsion from the vagina—are duly

recognized and dwelt upon. Regarding the subject of morbid adhesion of the placenta, Dr. Eastlake throws out a suggestion as to the possibility of being able to diagnose this condition by means of auscultation. He reasons by analogy in stating that for a long time he had been fully persuaded that by means of auscultation we often possess not only a negative but a positive sign of foetal death. He describes a peculiar modification of the uterine *souffle*, which to his ear was very characteristic when foetal life had been extinct for any time. The alteration in tone suggested the idea of a muffled sawing noise, very different to the gentle blowing murmur heard in normal cases, where a living child existed in utero. How soon the modification took place the author is unable to state, from want of sufficient field for observation. He considers that no ergot of rye should be given in cases of retained placenta, unless we were quite sure that no abnormal adhesion or irregular contractions existed. In cases of spasm of the os uteri, where the placenta became encysted, the administration of chloroform is recommended. Another point of interest alluded to by Dr. Eastlake, bearing upon the subject of his paper, is the occasional existence of a supplemental afterbirth, which was spoken of by Dr. Barnes, Dr. McClintock, and other authors, under the name of *placenta succenturiata* or *placenta spuria*. Dr. Eastlake has seen a specimen of such an afterbirth in the museum of the Lying-in Hospital in Dublin, obtained from an ovum of five months. When such a mass remained in the uterus after the true placenta had been expelled, it often gave rise to secondary hemorrhage, and an impression arose that due caution had not been exercised in the extraction of the afterbirth. He agrees with Dr. McClintock that, remembering the possibility of such an occurrence, we should be slow to utter any opinion which would damage the character of a professional brother. In conclusion, the author alludes to the several conditions which generally authorize us to have recourse to a speedy removal of the placenta, such as post-partum hemorrhage, convulsions, rupture of the uterus, and possibly, under certain circumstances, where the uterus was inverted, with the afterbirth still adherent—(*Proceedings of Obstetrical Society of London.*)—*Medical Times and Gazette.*

Munificent Gift.—The sum of £20,000 was, on the 23rd January last, presented to the Middlesex Hospital, through the chairman of the weekly board from an anonymous donor.

Madame de Castilnau, wife of the French Consul at Singapore, asserts that she has discovered the animal which causes cholera. *It is a "winged leech."*

Mr. Henry Thompson has received the appointment of Surgeon-Extraordinary to His Majesty Leopold II., King of the Belgians.

Canada Medical Journal.

MONTREAL, FEBRUARY, 1866.

We give below some very interesting details of the prevalence of epidemic cholera in Paris, during the past four months; and however much may be said of the severity of the disease, it does appear that the Parisians have suffered very lightly, when it is recorded that, during the existence of the epidemic, from the 15th September to the 15th January, or 122 days, 6388 deaths only have occurred in the Department of the Seine—this, in a population of over two and a half millions of inhabitants, gives an average of two deaths per day among 100,000 inhabitants. If we take as an average 120,000 inhabitants for our city, and suppose that the epidemic, if it does prevail during the coming summer, should remain four months, it follows that, with a like mortality, we must lose something less than 300 inhabitants by the scourge. This is all too many; but still it is a cheerful prospect, inasmuch as our mortality, taking as an example the experience of former epidemics, was somewhere in the neighbourhood of eight times as many. The corporation of our city have at last decided on the appointment of a health officer, and we do hope that no narrow-minded policy will be adopted, either in the appointment to be made, or the work to be done. The services of the very best man should be secured, and his action should be untrammelled; no interference of the Health Committee should for one moment be permitted. The health officer, to be of use to the community, must be a person of sound judgment, untiring exertion, and his will should be law in all things appertaining to the department over which he should preside. If the health officer is to be the paid officer of the Health Committee—to be their servant, to do as he is told, go where he is sent, and act in all things under instruction of the Health Committee, then we say his usefulness will be rendered nugatory, and the benefit to the city of no effect. We believe in the necessity of a house-to-house visitation. No man should be spared—be he land owner or tenant, city father or employé. Let all be placed under the ban if necessity requires it; and not alone by imposing

a fine, but force on the people the adoption of common cleanliness about their houses and premises. Pigs—we do not mean all animals which come under that designation—we confine our remarks to the porcine tribe—pigs, we say again, should not be permitted to be kept in the city environs. Animals, of whatever kind, if kept, should be in well-ventilated stables, and manure heaps should be removed every three or four days, with the house refuse. Back lanes require to be carefully and rigidly watched, and all accumulations of filth should be speedily removed. The means of flushing our sewers is at hand. With our water-power there should be at least the possibility of cleansing drains. Much might be said about sweeping and cleansing the streets. This is a necessity which our Corporation should strictly attend to; otherwise we would advise the health officer to summon the Mayor and Corporation before the Recorder, and convict them for nuisance. All these things have to be done, and done effectually. To meet the exigency, the city should impose a special tax. Let there be no lack of means or of men to do the work which is before us, when valuable lives are at stake; and if the cholera should come, we will be found in the very best condition to cope with the fell destroyer.

Cholera in Paris.—The return of the Board of Health at the Prefecture of Police, and officially communicated to the Academy of Medicine, gives the following results of the epidemic, from its commencement on 15th September up to the 15th January, when it finally ceased; no case having appeared from that date to the 27th ultimo:

Admission to Civil Hospitals	2,865
Cases occurring in Military Hospitals	707
Deaths in the Civil Hospitals.....	1,844
Deaths in the Military Hospitals.....	162
Deaths in private houses in the 20 arrondissements of Paris	3,837
In the Rural Communes.....	545
	<hr/>
Total deaths.....	6,388

During 122 days, from the 15th September to 15th January, there were, in round numbers, 52 deaths daily, from cholera, in the Department of the Seine, or, in other words, there died two persons per day out of every 100,000 inhabitants. On the 14th October was recorded the highest rate of mortality, 230 persons having succumbed to the disease; after that date the epidemic slowly but steadily declined, and rapidly disappeared after the second week in December.

OUR CITY COUNCIL.

Organized bodies are proverbially slow to move, and hard to keep in motion, when once started. Hence our astonishment is not great at the perfect state of quiescence in which we still find our City Council, notwithstanding the continual thundering which has sounded in their ears, for several months past, in the journals of this city, from the long editorial of its chief writer down to the hurriedly written, but no less sincere few lines, of its least known correspondent. On our part we have not failed to impress upon those having in charge the sanitary condition of the city, that everything pointed towards a re-visitation from that much-dreaded scourge Cholera, and once again we would raise our voice against the all but criminal apathy in which they seem to be sunk. In a few weeks spring will be upon us, and a March sun pouring down its powerful rays, decomposing the immense quantity of vegetable matter, which careless housekeepers have thrown from their dwellings. If action is to be taken, and there is not a shadow of doubt but that it certainly ought to be taken, not a day should be lost. From actual observation we hesitate not to assert there are portions of this city so filthy, that should the dreaded disease visit us, it will attack such districts with a virulence which only those who remember how previous epidemics visited certain portions of our city, can thoroughly understand. We sincerely trust that at the very first meeting of the new City Council the matter will be brought forward, and pushed to an issue. There must be no more trifling or putting off; the time for action is at hand, and it must be seized upon. If the next two months are lost in inactivity, we do not envy the responsibility which will hang heavy on the shoulders of those whose duty it was to have acted in the matter.

Since the above was written, two meetings of the Council have been held, and at the last one Councillor Devlin, chairman of the Health Committee, moved the appointment of a Health Officer. It was referred to the Finance Committee as it involved a money appropriation, and although no Council meeting has been held since, we have been given to understand that the Finance Committee intend to recommend such an appointment till the first of January next, at a salary of £400. With all due deference to the wisdom of such an important Committee as the Finance, we assure them that their recommendation is considered by those best qualified to judge (the medical profession) as a very foolish one. It is impossible for the city to obtain the services of any gentleman qualified to fill so important a position, for a period of eight months. To obtain a Health Officer of the right sort, the office must be made a permanent one; and we assure the Council there is ample room for the employment of such an official, whether cholera visits us or not. Our

very high mortality, especially among children, is a subject which would engage his attention, and when it is known that a large portion of the mortality of the city is from preventible diseases, the absurdity of appointing a Health Officer, but temporarily, must be seen.

We are informed on the very best authority that there are a large number of cases of small-pox among the Indians at Caughnawaga, and that the practice of inoculation is carried on almost universally by their medicine women—vaccination not being understood, and their prejudices being strongly against its employment. From the proximity of Montreal to the Village of Caughnawaga, and the daily intercourse which occurs between the two places, the presence of the disease to a considerable extent is an important fact; but when we consider that inoculation is performed, the fact becomes so important as to demand the prompt interference of the authorities, to put down a practice which the law prohibits, and against which there is a heavy fine.

We have also heard of other portions of the country where inoculation is performed in preference to vaccination. As this direct violation of a most important statute propagates instead of preventing the disease, we trust that the profession, in places where it is practised, will, in the interest of the public, see that those concerned do not go unpunished. In the meantime we call upon the Government to take prompt action concerning the practice at Caughnawaga.

Dr. Anderson of Quebec has forwarded to us, with a request to publish in the Journal, a very lengthy correspondence which has taken place between himself and the College of Physicians and Surgeons of Lower Canada, on the one hand, and himself and the Royal College of Surgeons, Edinburgh, on the other. While we admit there is considerable of interest in the correspondence, we do not feel there is sufficient to warrant our occupying sixteen pages of our space with it, when its substance may be more briefly stated. The correspondence is opened on the 24th of August, 1865, by Dr. Anderson writing to Dr. Chamberlain, President of the College of Physicians and Surgeons of Lower Canada, drawing his attention to a portion of a report of the late triennial meeting of the College, which appeared in our Journal, stating that a letter had been read from Dr. Sewell of Quebec, complaining that the College had granted a license, without examination, to Dr. Anderson upon his presenting the diploma of the College of Surgeons, Edinburgh—which it has not a right to do—being contrary to the usual practice, and in direct violation of a

bye-law of the College. Dr. Sewell, however, it appears, stated in his letter his belief that both from the Imperial Act and the Provincial Act, Dr. Anderson could have compelled the College to give him a license without examination, and that under these circumstances the granting of the license should have been referred to the triennial meeting when the obnoxious bye-law could have been altered. Dr. Anderson then asserts his right to the license without examination, resting his claim upon the Imperial Act, of 1858, which says: that the holder of any qualification recognised by the Act is entitled to practice "in any part of Her Majesty's dominions," which right is recognised by the Provincial statute in the following words, "But any person who has obtained a Medical degree or diploma in any University or College in Her Majesty's dominions, shall be entitled to such license, without examination as to qualification." The letter concludes by stating that a copy of it, with the report of the triennial meeting, will be forwarded to the Secretary of the Royal College of Surgeons of Edinburgh. On the 28th August, Dr. Chamberlain acknowledges the receipt of the letter, and says, "it will be laid before the College at its next (October) meeting." Then follows a letter from the Secretary of the College of Surgeons of Edinburgh, stating that Dr. Anderson's letter of the 24th of August was laid before the Council, and that they are unable to take any action in the matter, but express very decidedly their opinion that when both the Imperial and Provincial Acts are so explicit, it seems difficult to understand why such obstacles should occur. It advises the party aggrieved to institute a suit to test the legality of the bye-law, and the jurisdiction of the College which enacted it. On the 21st of September, 1865, Dr. Anderson again addressed Dr. Chamberlain, with regard to the following portion of Dr. Marsden's report of the proceedings of the College, presented at the triennial meeting. "A strange anomaly (says the report) exists in the law regulating the practice of medicine, surgery and midwifery, that extends through every act regulating the same, and which calls for amendment. By the act of incorporation of this College, the licence of the board of examiners under the bye-law, entitle the bearer to practice physic, surgery and midwifery; whereas the law permits the bearer of a degree or diploma from Universities and Colleges in Her Majesty's dominions to practice physic or surgery or midwifery, and to obtain a license from the board as a general practitioner, which license the board is bound to grant, thus according a higher qualification to the bearer than he possessed in the place where the diploma was granted, and on easier terms and on more slender qualifications than are exacted from Canadian students." Dr. Anderson denies that a higher qualification is accorded by

the license of the College of Physicians and Surgeons of Lower Canada than is possessed by the holder of a diploma of the Royal College of Surgeons, and we unhesitatingly assert our belief that he is right. The curriculum is equally if not more extended than that of our own College. On the 15th of October, 1865, Dr. Anderson again writes to the Secretary of the Royal College, but the letter is simply a review of what action he has taken, stating, however, that he has heard the obnoxious bye-law was removed. Whether he is correct in this assertion we do not know, for the official minutes (in detail) have not yet been forwarded to us. On the 13th of November, 1865, this letter is replied to by the Royal College, adhering to the view expressed in their letter of September 26th, also stating, "In reference to this very subject I have examined the minutes of the General Medical Council, in which I find that the report of a Committee from which I make the following extract was approved of by the Medical Council on 21st May, 1862. "It is however clear that where restrictions are imposed on practice by local acts, no such restrictions can have any effect on persons who are registered under the Medical Act, Victoria 21 and 22, cap. 90." For our part we do not see that the extract quoted above throws any light whatever on the matter in dispute; here the Imperial and Provincial Acts agree perfectly, and it is simply owing to some strange oversight that a bye-law of the College has been made which conflicts so directly with the Act. We have no doubt whatever in our own mind that the stand taken by Dr. Anderson is the correct one—Gentlemen having diplomas from Universities and Colleges in the mother country, are entitled to their license without examination; and if the bye-law which has created so much trouble has not yet been rescinded, we trust that at the very next meeting it will be erased from the books of the College. Even did our local act conflict with the Imperial one, little benefit could be derived from the extract of the report of the Medical Council, given above, for few licentiates of old country colleges, who intend to settle in the Colonies ever "registered," which incurs an expense of £5, without any comprising benefit to them. We trust that in future all cause of dispute will be removed, and that all will unite with the College in its efforts to raise the position of the profession, and put down quackery which now seems to be making vigorous efforts to eke out an existence.

FIRST ANNUAL MEETING OF THE MEDICO-CHIRURGICAL SOCIETY
OF MONTREAL.

The annual meeting of the Medico-Chirurgical Society of Montreal was held in the rooms of the "Dispensary" on Monday evening, 15th January,

1866, at eight o'clock. Dr. Hingston, Vice President, in the chair. After the usual routine business had been attended to, one of the Secretaries, Dr. Squire, read the following report of council ;

On the evening of 28th July, 1865, thirty-one members of the medical profession, in regular standing in the city of Montreal, assembled in the "Board of Arts" rooms, in response to a circular signed by Drs. Howard, Peltier, and Hingston, to consider the expediency of forming a Medical Society from among their body. Dr. Sutherland was called to the chair, and after the subject had been freely discussed, it was unanimously resolved, on motion of Dr. Hingston, that it is expedient to form a Society for the promotion of medical science, and for other purposes, in this city, and that the society be named the "*Medico-Chirurgical Society of Montreal.*" A committee of organization was named at that meeting, (on motion of Dr. Howard,) composed of Drs. Peltier, Reddy, Leprohon, Hingston, Craik and Squire, to frame a constitution and by-laws for future guidance. An adjourned meeting was held on the 4th August, Dr. Fraser in the chair; and again, a week later, (Dr. Campbell presiding,) when the report of the committee was received and considered; and an original society was organized in terms of law, by the election, by ballot, of Drs. Campbell, Sutherland, Fraser, Beaubien, Trudel, Coderre, Scott, Howard, Craik, Peltier, Bibaud, Leprohon, Reddy, Hingston, Fenwick, Boyer, Lemire, Dajenais, Thompson, F. W. Campbell, Squire, Larocque, Globensky, DesRosier. At a special meeting of the original twenty-four members, held on the 8th August, the following gentlemen were elected office-bearers for 1865 :

President—G. W. Campbell, A.M. M.D; *Vice-Presidents*—E. H. Trudel, M.D., W. H. Hingston, M.D., L.R.C.S.E.; *Treasurer*—Hector Peltier, M.D., (Edin.); *Secretaries*—W. Wood Squire, A.M., M.D., and Dr. E. Lemire—*Council*—R. P. Howard, M.D., L.R.C.S.E.; J. L. Leprohon, M.D.; Robert Craik, M.D.; J. E. Coderre, M.D.; W. E. Scott, M.D.; and the officers *ex officio*.

At the same meeting, "the laws" were referred back to the council for revision. The first regular monthly meeting was held on 25th August, when the council reported favourably to the by-laws, &c., and Dr. Craik gave notice that at the second monthly meeting he would move their adoption. On the 27th October, the constitution and by-laws were formally adopted, clause by clause, and ordered to be printed in French and English, for the use of members. Although but two months have elapsed since the adoption of the above, three communications of value have been brought before the society: one by Dr. Craik, on Traumatic Tetanus; a Synopsis of a very lengthy paper by Dr. Hingston, on the influence of the Climate of Canada

on Europeans ; and Practical Observations on the Prevention of Cholera, by Dr. Godfrey. The discussions arising from these papers have been of a most interesting character, and have been entered into with spirit and good feeling. Several other papers are already promised, and the society will soon be engaged in the consideration of questions of much interest to the profession generally. Of the eighty physicians now practising in Montreal, considerably more than half are members of the society ; and the council hope to be in a position to announce at the next annual gathering, that every practicing physician in the city and neighbourhood has enrolled himself among its members. From the promptness with which members have paid their fees, the funds of the society are in a satisfactory state, and the council trust that the society will be enabled to remove in May next to more convenient and eligible quarters.

The whole, nevertheless, respectfully submitted.

The report was unanimously adopted, when the chairman, Dr. Hingston, said :

GENTLEMEN,—You must all regret, as I do, the unavoidable absence, this evening, of our President, Dr. Campbell, whose presence would alone have been of far more importance to the society, at its annual gathering, than any observations I may have it in my power to make. But particularly is it for me to regret that absence, inasmuch as it imposes on me the duty, as chairman for the evening, of making a few remarks on the state and prospects of this, our young society. It is only five months since it was first organized, and its present state—which cannot be regarded otherwise than satisfactory—is sufficiently made known in the report just read. And now, with what prospects of success do we enter upon a new year in its existence ? With eighty physicians practicing within the city limits ; and with about twenty more within an area of as many miles ; with two flourishing medical schools, three large hospitals, and three dispensaries, there is certainly no lack of *material*, or of minds to mould it into shape. Medical societies exist all over the civilized world. In Germany every little town has its *réunions* of this character, and the medical press of that country teems with original observations of an interesting character. Surely, then, Montreal can have *one* such, where members may meet to discuss matters of professional importance. The organization of a Medical Society is most opportune at the present time, when attention is uneasily directed to the progress of a much dreaded disease on the other side of the Atlantic. It will be the duty of this society, on the one hand, to suggest proper precautionary measures, and, on the other, to calm the fears of those who may be needlessly alarmed. And the views, here enunciated, will find a ready vehicle for expression in the

medical press of this city. There are now two medical journals existing (shall I say flourishing?) in Montreal. The editors of both have expressed their well-founded alarm at the paucity of original matter sent them for publication, and have made frequent appeals for literary aid. In no way can such aid be more easily afforded than by bringing papers, however short, before the notice of the society, where opinions are expressed, oftentimes of as great moment as the papers themselves. And these opinions, which cost no labour in their utterance, and which add much to the value of the communications, duly recorded in the pages of the Journals, are the means of affording opportunities of advancing the cause of medical science to those who have neither leisure nor inclination to do more. In this society the harmonious blending of the mixed nationality of its members, enables every one to profit of the different sources, whence each more commonly draws information, and is an additional guarantee of usefulness—as it should be, of cohesion. But, beyond this, medical science recognizes no national distinctions, as it can have no natural boundaries.

The two Secretaries were then named scrutineers, and the ballot for office-bearers for 1866 was proceeded with, with the following result:

President—Wm. H. Hingston, M.D., L.R.C.S.E., &c.; *Vice-Presidents*—R. P. Howard, M.D., L.R.C.S.E.; and J. L. Leprohon, M.D.; *Treasurer*—Hector Peltier, M. D., Edin., (re-elected); *Secretaries*—Dr. E. Lemire, (re-elected); and W. W. Squire, M.D., (re-elected); *Council*—Drs. Craik, Fenwick, Dagenais, F. W. Campbell, and Ricard, and the officers of the society, *ex officio*.

The meeting then adjourned.

MEDICAL NEWS.

Dr. Corrigan, formerly President of the Royal College of Physicians of Ireland, to which office he was repeatedly elected, has received from Her Majesty the dignity of a Baronet of the United Kingdom. Sir Dominic Corrigan is physician in ordinary to the Queen in Ireland, and a member of the General Council of medical education and registration. He has contributed many valuable papers to medical literature on fevers and other subjects. The honour thus graciously conferred has given very general satisfaction not only as an acknowledgment of Dr. Corrigan's eminence as a physician, but as a dignity bestowed on an Irishman who has ever been identified with the people and the advancement of science.