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CANADA

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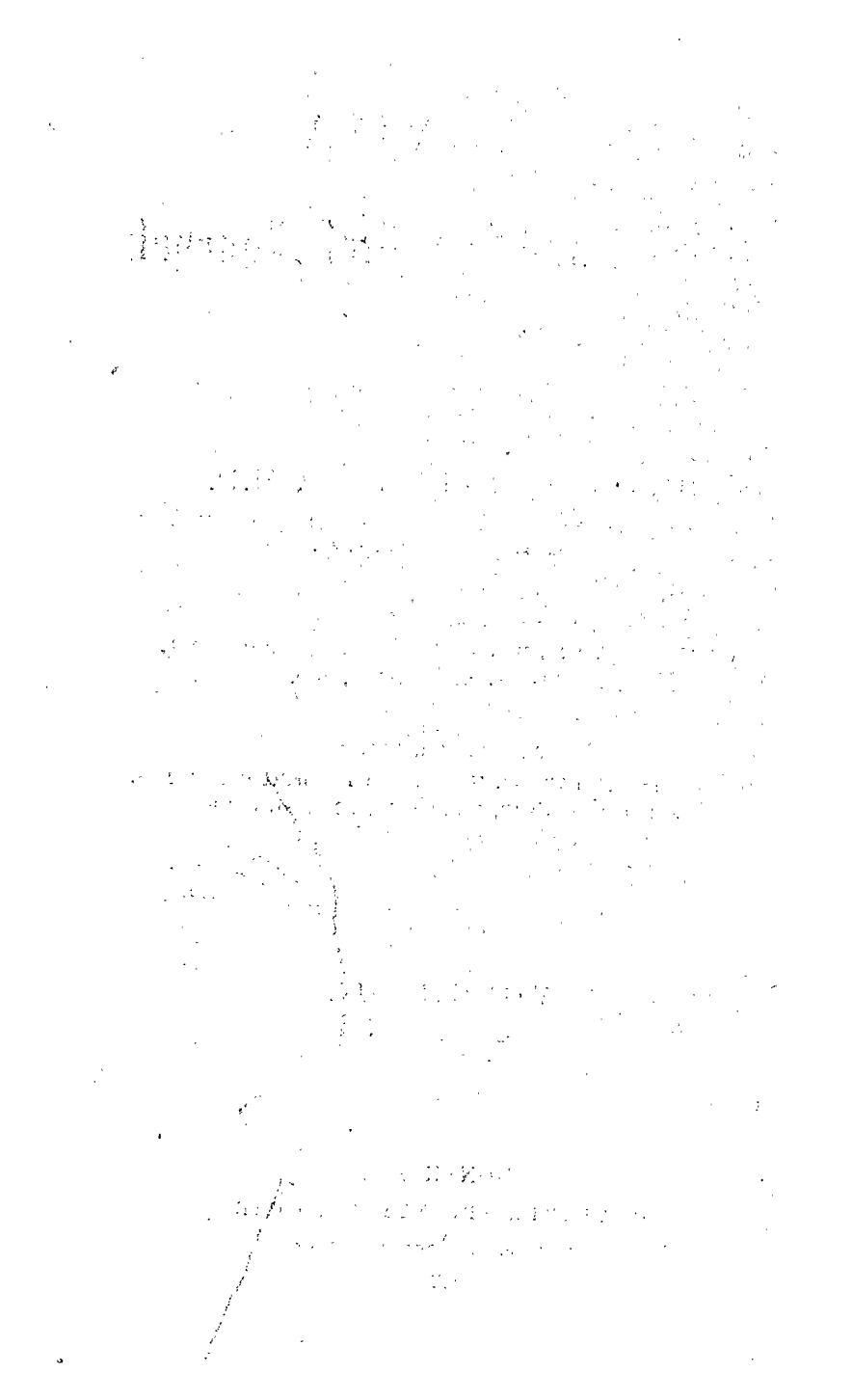

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REVIEWS AND NOTICES OF BOOKS.

CANADA

MEDICAL AND SURGICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Cases of Fibrous Polypi and Fibrous Tumours of the Uterus.

By R. P. HOWARD, M.D., L.R.C.S.E., Professor of Theory and Practice Medicine, McGill College, and one of the attending Physicians of the Montreal General Hospital.

(Read before the Medico-Chirurgical Society on 13th June.)

I have not selected for this evening's paper the subject of Fibrous Polypi and Fibrous Tumours of the Uterus, because that any novelty is attached to it or that I have any original views to announce respecting the origin, symptoms or treatment of such growths, but that having several specimens of these neoplasms in my possession removed at various times I hoped a brief clinical history of them might be of sufficient interest to the society to warrant me in intruding so practical a topic upon the consideration of its members.

A. Fibrous Polypi.—Case I.—In September 1866 I was called to a village 50 miles from here to see an unmarried lady, about 30 years of age, who had been the subject of menorrhagia for a long time, and of intermitting metrorrhagia for several months. She presented a blanched exsanguine appearance, was very weak, depressed in spirits, devoid of appetite, and much emaciated. The pulse was shabby and frequent, and her mental condition nervous and despondent. Iron, ergot, sulphuric and gallic acids, acetate of lead, port wine, etc., had severally

failed to permanently restrain the hemorrhage; yet from motives of delicacy the attending physician had not made a vaginal examination. I at once did so and found a fibrous tumour about the size of a hen's egg, but more globular in form, projecting into the vagina, its upper extremity being tightly surrounded by the os uteri but not continuous with it. She at once accompanied me to Montreal to have it removed. As the vaginal orifice was very small, a piece of compressed sponge was introduced within it and secured by a T bandage the night before the operation, and next day with the able assistance of Drs. Campbell and Drake the growth was removed in the following manner: Chloroform having been administered the growth was seized with a vulsellum, and a loop of broad tape passed over the latter so as to embrace the highest portion of the polypus outside of the uterus—strong traction failed to draw out anymore of the tumour from the uterus, it appeared to be very firmly attached by its upper extremity rather than by a true pedicle—it was rather sessile than pedunculated. Drawing the polypus almost into the ostium vaginæ I divided it close to the os uteri by repeated strokes of a scissors. No hemorrhage followed, although the cut surface, as may yet be seen in the preparation (No. 1), had a circular area about equal to that of a shilling.

No constitutional or local disturbance followed; the patient soon regained her health and has menstruated normally ever since.

The growth is an example of the very dense uterine fibromata and was covered by a thin vascular membrane very like uterine mucous membrane. It was not considered necessary to dilate the os and ascertain the point of attachment of the growth, so that I am unable to determine that fact in its history. Its removal by the scissors illustrates one of the most facile and in many instances the safest as well as the most expeditious methods of removing uterine polypi.

Case II.—Mrs.— from New Brunswick, aged 49 years, consulted me in June 1870 respecting what she had been told was a "prolapsus uteri." She had been married twelve years without issue, and had been for several years subject to profuse menstruation every three weeks and to occasional attacks of severe metrorrhagia. During the year preceding this report these symptoms had increased in frequency and urgency, and several times she had been obliged to procure medical assistance. Vaginal injections of alum had been employed for a long time.

She was a stout, rather fat, and cheerful person, and although very pale, was with the above exception quite healthy.

A pear-shaped firm polypus about the volume of a small-sized hen's egg occupied the vagina, and its pedicle of the thickness of my index finger, could be traced through a large and flabby os uteri to its insertion into the posterior wall of the cervical canal, about an inch above the os externum.

On the 17th June, with the assistance of Dr. Ross, then the House Surgeon of the Montreal General Hospital, I passed the chain of an ecraseur within the cervical canal as close to the uterine attachment of the polypus as possible and slowly separated it. Moderate bleeding from the stump of the pedicle ensued, but under injections of cold water soon ceased. A pledget of cotton wool saturated with a mixture of 1 part of Liq. Ferri Perchloridi Fort. and 4 parts of water was placed within the os against the divided pedicle, and a tampon of cotton wool introduced into the vagina.

The tampon was removed next day—bleeding had not recurred. No constitutional disturbance followed the operation, and no inconvenience was experienced beyond a moderate discharge from the uterus, and for a few days, a slight pain in the right ovarian region. She left for her home quite well on the 3rd July and might safely have done so at an earlier date.

Case III.—Resembles in many respects the one last related but has some interesting peculiarities, more especially in the symptoms which followed the removal of the polypus.

In May 1866, Mrs.—sought my advice with reference to very profuse menstruation of long standing. She was about 46 years of age and the mother of six children, of whom the youngest was eleven years old. A vaginal examination disclosed a slightly patulous os through which the sound detected an intra—uterine growth. A strict observance of the horizontal posture during menstruation, and the administration of ergot and sulphuric acid moderated the monthly loss very satisfactorily and it was agreed to wait for the extrusion of the polypus from the uterine cavity before attempting its removal. On the 24th July following, she experienced uterine pains and felt that a body had descended into the vagina. Visiting her by request the next day, I found a pear-shaped polypus (specimen 3) as large as a large hen's egg in the vagina, and attached by a pedicle of about the thickness of my index finger to the inside of the uterus, upon its interior wall—and at least an inch above the patulous os. On the 28th with the assistance of Dr. Drake, the patient having been etherized, I passed the chain of an ecraseur over the pedicle and within the uterus, and slowly divided the attachment of the growth—no hemorrhage occurred—but on the 3rd March a rigor ushered in a smart attack of metritis attended with offensive discharge from the vagina. This however soon yielded to treatment and she was quite convalescent by the end of the month. Her health became perfectly restored and better than it had been for years.

Two things appear to be worthy of notice in connexion with this case—first, the satisfactory result of palliative treatment while the polypus was yet intra-uterine, and all the more apt to produce obstinate menorrhagia—second, the occurrence of metritis after the careful re-

moval of the polyp by means of an ecraseur. Most persons familiar with uterine disease, must have observed the varying degrees of tolerance of surgical interference with the uterus manifested by different women. In some persons, fortunately they are exceptional, the introduction of an uterine sound or sponge tent, the division of the cervix, the twisting or snipping off of a small glandular polypus, an intra-uterine injection, etc., will be followed by severe pelvic cellulitis or metritis, while other persons, not distinguishable from the former by the most experienced physician, will suffer without any unpleasant sequence, similar and much more severe mechanical interference.

An instructive instance of this kind may not be out of place, more especially as it offers an example of a variety of uterine polypus by no means of infrequent occurrence, although not belonging to the variety which forms the subject of this paper.

Early in 1867 a lady put herself under my care in the following condition. About 34 years of age, she was sterile although married 14 years, and had all that time suffered from very profuse menstruation. She was very feeble and anæmic. Insisting upon a local examination, to which she was much opposed, I found, in addition to considerable hypertrophy of the cervix ("Areolar hyperplasia" of Thomas) and a patulous os, four nabothean polypi (specimen 6) about the size of apple pippins, attached within the cervical canal, and two of those cysts so frequently seen embedded in the lips of the cervix in sterile women. The polypi were snipped off and the two cysts opened with the points of the scissors, and these little operations, practised without violence and even without pain, were followed by a rather sharp attack of pelvic cellulitis which lasted three weeks. The menorrhagia although decidedly improved by the removal of the minute polypi was not altogether cured, and as she was about to visit her friends in Scotland, I advised her to consult when

there Dr. Matthew Duncan to whom I sent an abstract of her case. That gentleman dilated the cervix with sponge, found another small polypus higher up and removed it—severe inflammation followed and she was alarmingly ill for some time.

Here then was a person in whom on two occasions serious inflammation of the pelvic viscera was induced by very trivial operations.

Case IV differs from those previously described in that the neoplasm was completely enclosed within the uterine cavity and as belonging to a class of cases intermediate between true polypi and sub-mucous fibrous tumours—viz: intra-uterine fibroid growths attached by a broad and sessile base but of a polypoidal shape (specimen 5).

For the notes of the case up to the time of the removal of the tumour I am indebted to Dr. Roddick.

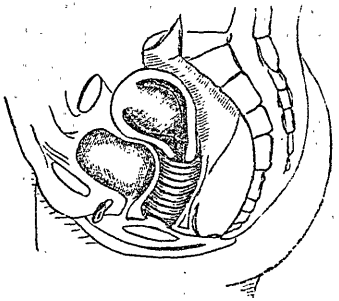
"R. R. aged 30, a tall, dark-haired woman, unmarried, was admitted to the Montreal General Hospital on the 18th December 1872. It was difficult to get a very straightforward story from her, but her history and condition were pretty nearly as follows:—

"She had always enjoyed good health until a year ago when she met with an accident by falling down stairs while serving in a family residing at Murray Bay for the season. This fall was followed by excruciating pain in the back and headache; so intense and persistent indeed, that her mistress becoming alarmed, after a few days sent her to Montreal, when she immediately presented herself at the hospital. While on the way to this city she commenced to '*flood*' and in spite of all treatment lost more or less blood continuously for about a fortnight. No cause could be assigned for the loss although a uterine examination had been made. Slight pain in the back remained after the hemorrhage, and appears indeed never to have entirely left her since. She positively asserts, however, that her menses became quite regular and of moderate amount until a week before admission this time, when a

profuse bloody discharge again commenced accompanied by back, and headache quite as severe as before. She had been troubled with leucorrhœa for years.

"Her condition on admission was that of extreme prostration after hemorrhage, being blanched to a great degree, the pulse frequent and weak, and the appetite entirely gone.

"*Uterine Examination.*—Entire absence of neck of uterus--os extremely thin, and dilated sufficiently to allow of the introduction of the finger as far as the first joint—within was readily felt a body resting immediately against the os, and which gave way to the point of the finger pressed against it. The impression conveyed was that of a polypoid growth appended from some point in the cavity of the uterus. Dr. Howard verified this diagnosis at a subsequent examination."



On the 16th January I introduced a pretty large sponge tent into the os uteri with the view of fully exploring the relations of the growth and removing it if the attempt should appear prudent. Next day the patient having been put fully under chloroform, the tent was removed and the finger passed well up into the uterine cavity. A firm globular tumour, with a broad sessile attachment to the very fundus uteri was easily made out (Figure 1). After some little trouble and with the assistance of Dr. Ross, Braxton Hick's wire rope ecraseur was passed over the growth and its attachments were gradually divided.

Some difficulty was now experienced in delivering the detached tumour from the uterine cavity, and it was not until after I had made two vertical incisions half an inch long at opposite points of the dilated os, that a long and strong pull upon the tumour with a vulsellum at last extracted it. No hemorrhage occurred and the uterine cavity was washed out with a weak solution of iodine.

At the visit the day after the operation the patient presented well marked erysipelas of the right side of the face, apparently commencing in the meatus auditorius which had been the seat of a small abcess for a couple of days previously.

The erysipelatous inflammation gradually extended over the face and head, there was the usual constitutional disturbance of that affection; but throughout its course, no pain was complained of in the abdominal cavity, and the only medication addressed to the uterus was a daily vaginal injection of warm water containing a teaspoonful of Condy's fluid to the pint.

She made a speedy recovery and two weeks after the operation I found the body and cervix of the uterus of about their usual size, but the os somewhat enlarged by the incisions that had been practised upon it.

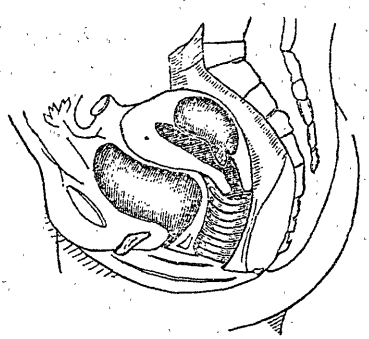
The tumour is a firm almost globular fibrous neoplasm, measuring in its greatest circumference six inches. Its attachment to the uterus was circular and had a diameter of an inch and a quarter as may yet be seen by an examination of the specimen (No. 4).

B. *Fibrous Tumours*—Case V—is an example of a true fibrous tumour of the uterus, an affection very much more common than true fibrous polypus of that organ; but on the other hand although more common it is less ameable to treatment and its removal involves more troublesome and dangerous operative measures.

Mrs. W., aged 30, has been married several years, is sterile and for nearly the whole period has suffered from profuse menorrhagia, which she attributes to an uterine

tumour; in proof of which she shews me a pickle bottle filled with coagula preserved in spirit, which she regards as expelled portions of the growth.

The uterus is somewhat irregularly enlarged, the *os* slightly patulous and the sound touches a resisting body within the womb. A large sponge tent having been introduced into the os in the evening and removed in the morning, had dilated the uterine mouth sufficiently to permit the detection by the finger of a firm growth embedded in the posterior wall of the uterus, but projecting by one extremity into the uterine cavity so as to form a submucous outgrowth.



The same day, assisted by Drs. Campbell and Drake, I attempted the removal of the tumour by evulsion and enucleation. The patient having been rendered insensible with chloroform, a strong vulsellum was fixed in that portion of the tumour which projected into the uterine cavity and after pulling forcibly for a short time, its attachments suddenly gave way and the growth shelled out as completely and neatly as the kernel of a nut. No hemorrhage followed, and the patient made a speedy recovery without an unfavourable symptom. Her menorrhagia also disappeared and she has enjoyed excellent health ever since—now some five years—but has not conceived.

The tumour as you see (specimen 6) is somewhat pyri-

form in shape and about as large as a hen's egg. The narrow end projected into the cavity of the uterus and about three fourths of the growth including its broad end were embedded in the uterine walls. A thin bed of areolar tissue separated the tumour from the substance of the uterus and permitted of its enucleation; it was a knowledge of this anatomical feature of uterine fibroids that lead Velpeau to suggest their removal by enucleation, and although the operation is not free from numerous dangers especially when the neoplasms are large and deeply embedded, yet of late years very many such growths have been successfully removed, not a few of them of considerable dimensions.

As it is well known that uterine fibroids are chiefly dangerous through the hemorrhage they induce, more especially when situate beneath the mucous membrane or in the walls of the uterus, and as their removal by excision, enucleation, gouging, etc., is frequently impracticable and always more or less dangerous, I will conclude this paper with a few observations upon a method of curing the hemorrhage which is the sympton that mainly renders these and other uterine growths especially alarming. I allude to Dr. Savage's plan of dilating the os uteri with a sponge tent and injecting the uterine cavity with a solution of iodine.

Case VI.—A few years ago having seen in consultation with Dr. Drake a lady the subject of an interstitial uterine fibroid in the posterior wall as large as a small cocoa nut which habitually caused alarming menorrhagia, I suggested the injection of iodine into the cavity of the uterus and the operation at once checked the hemorrhage. On several subsequent occasions my friend resorted to the same measure with his patient and always with prompt success.

Case VII.—Mrs. F., aged about 36, married several years, but sterile; had been suffering from severe menorrhagia and metrorrhagia for more than a year and when

first seen by me in November 1870 was very bloodless looking and much reduced in strength. On examination several fibroid tumours were found connected with the uterus. One occupied the anterior wall about midway between the os and fundus and was mainly subperitoneal; a smaller one could be felt through the patulous os embedded in the substance of the womb but projecting slightly into its cavity; and a third was seated high up on the posterior surface of the organ. The sound required some management to introduce it within the uterine cavity owing to the distortion caused by these neoplasms. As the removal of two of these fibroids was not practicable, I confined the lady to bed for several weeks, prescribed ergot in combination with iron and upon several occasions injected the uterine cavity with the iodine solution recommended by Dr. Savage.* By the month of April the tendency to hemorrhage had been quite removed, menstruation had been re-established in moderation at regular periods and the patient's health and strength had been quite restored.

Dr. Savage's advice to dilate the os before employing intra-uterine injections should as a very general rule be followed, and then the alarming symptoms which are occasionally induced by the operation would, if I may rely upon my own experience, be rarely observed. In the following case (VIII) the omission of the preliminary dilatation of the os was the indirect cause I think of the inflammatory symptoms that on one occasion succeeded the injection.

Case VIII.—A colleague requested me to see with him a large fat, and young married woman who had long been the subject of alarming menorrhagia symptomatic of a fibrous tumour which had enlarged the uterus to about the dimensions of that organ in the 5th month of gesta-

* ℞ Iodi. ʒi, Pot. Iod. ʒii, Spirit: Vini Rect.: ℥ii, Aq. ℥vi.

tion. As a result of the consultation intra-uterine injections of iodine were subsequently employed upon three several occasions. Upon the last occasion symptoms of metritis or of metro-peritonitis succeeded the injection within a few hours. These proved quite serious although manageable, and were followed by phlegmasia dolens. The patient, however, recovered and the tendency to menorrhagia was cured.

I might cite other instances in which uterine hemorrhage has yielded to the injection of a solution of iodine into the uterus, but these must suffice at present. Had the subject received the consideration that in my opinion it merited, in the late able treatises of Dr. Thomas and Dr. Graily Hewitt and indeed in various recent articles upon menorrhagia and uterine tumours, I would not have thought it expedient to have added my testimony to that of Dr. Marion Sims in favour of the efficiency and of the general safety of injections of iodine solution into the uterine cavity for the arrest and cure of menorrhagia consequent upon uterine fibroids, and I can add uterine polypi.

Whether the repetition of these injections at every menstruation for five or six months sensibly reduces the volume of the tumours and in some instances effects their complete removal, I am unable to say. But this view will not appear improbable, when we bear in mind the fact that Sir C. Clarke, Rigby, Ashwell and more recently McClintock, Mathew Duncan and Playfair have recorded cases of removal by *absorption* of fibroid tumours of the womb. It may be that the iodine excites inflammation of the substance of these tumours which, because of their relatively low organization, is followed by fatty degeneration of the inflamed tissue and subsequent absorption.

9 Beaver Hall Hill, 13th June, 1873.

The Ophthalmoscope as a means of Diagnosis in Tubercular Meningitis and the Diseases which simulate it. * By REUBEN A. VANCE, M.D., New York City.

There are two classes of infantile diseases which from their gravity and common occurrence, deserve more than the ordinary amount of consideration usually bestowed upon such subjects by the general practitioner. One class comprises the acute inflammatory and congestive affections of the brain; the other, the cerebral conditions which simulate these diseases. The former group includes all hyperæmic states and certain disorders which, in addition to the increased quantity of intra-cranial blood, are accompanied by organic changes in the brain or its coverings; while the latter is characterised by an anæmic state of the intra-cranial organs, which in the large majority of cases is secondary to primary disease in other parts of the body.

Prior to the researches of Dr. Marshall Hall † all cerebral disorders accompanied by the symptoms to be alluded to shortly, were ascribed to inflammatory action implicating either the membranes or the substance of the brain—meningitis or encephalitis; in the same manner that before this distinction was drawn all cerebral inflammatory disorders were included under the comprehensive designation of "brain-fever." As greater attention was directed to the symptomatology and pathology of brain diseases, it soon became apparent that affections of the meninges were not only pathologically distinct from those of the cerebral substance, but that their course was different, and that it was often possible to diagnosticate between the two during life. With the growth of the distinction between encephalitis and meningitis on anatomical and clinical grounds, there arose another, based

* Read before the Medical Library and Journal Association of New York, April 4th, 1873.

† Medical Essays, 1825

upon causation. The simple inflammations were differentiated from those due to diathetic causes. Ordinary meningitis was thus found to be essentially different from tubercular meningitis not only in its origin, but in its progress, fatality and anatomical characteristics.

Under the name of hydrocephaloid diseases, Dr. Marshall Hall described a class of cases which, in many respects, closely resembled inflammatory affections of the meninges, but in which the immediate cause of the symptoms was nervous exhaustion. * This exhaustion of the nervous system, he thought, was commonly due to intestinal irritation, but might arise from general depression of the vital powers, however induced.

Careful observation of the nervous diseases of childhood will show that the distinction drawn by this eminent physiologist is founded upon fact. Among infants a disease closely resembling tubercular meningitis, and only differing from it in that it is much less fatal, and is occasionally preceded by diarrhœa and accompanied by a depressed state of the fontanelles, is quite common, especially during the summer months. In such cases there may be all the external evidences of an inflammatory affection of the membranes of the brain, yet a *post mortem* in a fatal case will show that no such condition is present, while the abdominal organs may, or may not be affected, the only change which can be observed in the brain will be an unnatural diminution in the quantity of blood and an unnatural increase in the quantity of serum.

The great similarity which exists between the symptoms of inflammatory and anæmic conditions of the cerebral organs renders a diagnosis in many cases a matter of grave doubt. The difficulty in diagnosis also leads to irrational treatment, and in many cases especially those due to an exhausted condition of the nervous system and

* HALL.—Lectures on the Nervous System and its Diseases. Am. Ed. Phil. 1836.

accompanied by cerebral anæmia — the therapeutical measures employed contribute materially to the fatal result.

The characteristics of tubercular meningitis have been studied with great attention by a number of observers, and the literature of this disease will compare favourably with that of any other. The search for some diagnostic peculiarity which would invariably determine the presence of the affection has led to extended research and careful observation, which, although fruitless in that respect, has nevertheless delineated with great clearness and precision, the natural history of the disease. Still, the fact remains that in a given case a physician of skill and experience may be in doubt as to his diagnosis in the patient before him, and no matter how clear the history, or how well developed the symptoms, a subsequent *post mortem* examination may show that his diagnosis was wrong, and his treatment calculated only to injure the patient.

In 1866, Bouchut published his well known work on the ophthalmoscope in diseases of the nervous system, in which he gave the subject of intra-ocular changes in connection with tubercular meningitis a very careful consideration. * He examined fifty-nine cases and observed symptomatic changes in fifty-seven—in one case the observation was unsatisfactory and in another, the diagnosis was doubtful, the patient recovering. Among those who had their attention excited by these astonishing results was the late Professor George T. Elliott, M.D., of this city, who spent a great deal of time in investigating the subject, although he never published anything relating to it. It was mainly through his teachings and precepts that the ophthalmoscope as a means of medical diagnosis, was introduced to the profession in this country.

Since my attention was first drawn to this question, I

* BOUCHUT.—Du Diagnostic des Maladies du Système Nerveux par l'Ophthalmoscope, Paris, Germer Ballure, 1866.

have sought every available opportunity of making ophthalmoscopic observations in cases of suspected brain disease occurring among children. During the past five years I have seen and personally examined twenty-nine cases in which there was reason to suspect grave cerebral disease, and in which the symptoms pointed strongly towards tubercular meningitis. Of this number, although the majority were either my own patients, or cases in which I was called in consultation, yet there were many in which my advantages were due entirely to the courtesy of my professional friends to whom I now desire to renew my thanks.

Of these twenty-nine cases twenty-three proved fatal and six recovered. In each case there was reason to suspect the existence of tubercular meningitis, and in fact in the greater number that was the diagnosis of the attending physician. The symptoms, although varying widely in different cases, were yet similar in the whole series. The ophthalmoscope was used in every instance, and in eleven cases I observed the intra-ocular circulation daily from the commencement to the termination of the disease. The results so obtained are, I think, of value, and may serve as a basis from which to judge the nature, progress, and probable termination of similar cases.

Seventeen of the twenty-nine cases so examined revealed evidences of intra-cranial hyperæmia, while the remaining cases presented indications of encephalic anæmia. Sixteen of the hyperæmic cases died, one only recovering. Of the twelve cases in which the ophthalmoscope demonstrated anæmia seven died, the remainder making good recoveries.

In speaking of the ophthalmoscopic appearances I have referred to them as anæmic and hyperæmic for convenience simply, and not because these terms express the whole truth. While the whole characteristics of these two widely opposite central conditions can be expressed by terms indicative of the state of the intra-ocular vascular

supply, yet it is to be borne in mind that other important phenomena are revealed by the ophthalmoscope. These refer to the nutritive changes manifested in the nerve and retina, some of which are present in the majority of cases, and especially so in those where active inflammatory changes are occurring in the cranial cavity.

The principal alterations in vascularity and structure which can be studied with the ophthalmoscope in tubercular meningitis and the diseases which simulate it are:

1st. Slight congestion of the disk and retina;

2nd. Intense congestion of the disk and retina;

3rd. Intense congestion with œdema of the disk;

4th. Inflammation of the disk and surrounding retina;

5th. Anæmia of the disk and retina.

It is of course necessary that a person desiring to detect morbid changes with the ophthalmoscope should first thoroughly familiarise himself with all the varying and various details of the fundus oculi as they appear in health. The ophthalmoscopic appearances of healthy individuals of different ages and complexions should be carefully studied, while such anomalies as myopia and hypermetropia deserve attentive consideration from the fact that they exert a special and peculiar influence upon the size and appearance of the optic disk, and apparent fulness or emptiness of the discal and retinal vessels. As soon as the observer has attained his idea of the healthy appearances of the intra-ocular structures, and is able to make due allowances for such disturbing influences as the anomalies of accommodation and refraction, he is in a position to carry his researches into those pathological states which are the result of intra-cranial disease.

The ophthalmoscopic appearances of a normal eye are described in all text-books relating to ophthalmoscopy, and can be dismissed here with the single word that while such descriptions may be excellent, they can never, however, convey to the student the clear and exact ideas which he can obtain from a few hours practice with the

ophthalmoscope, under the guidance of a competent instructor.

1st. *Slight congestion of the disk and retina* is that state in which there is over-fulness of the vessels distributed to those structures. The vessels of the disk are augmented in size, and there is a development of branches which were invisible before. The colour of the disk is altered, and in place of its normal creamy-white hue, it will appear of a rosy tint which will vary with the amount of congestion. From the sides of the disk, which in health present no lateral branches of any size, new vascular trunks will be developed, and these trunks may have subdivisions of a considerable size. The veins traversing the retina will be unusually large, their course tortuous and their branches very numerous. The arteries will not be altered to any appreciable extent, but the whole fundus will present a vascular network much larger and more apparent than in health.

2nd. *Intense congestion of the disk and retina* is of a more marked character than the condition just described. It is characterised by an unusual and extreme dilatation of the vascular branches distributed to the intra-ocular structures, and is, essentially, but an increase in the intensity of the appearances before noted. The colour of the disk as a distinctive structure may disappear entirely, and its situation will be known only as the point of convergence of the retinal vessels. From this point numerous lateral branches apparently of the same size as the retinal vessels, in a healthy condition, will be seen, while the disk will be of the same colour as the surrounding choroid and retina. The veins of the retina are dilated and tortuous, and in their course present numerous dilatations resembling hæmorrhagic extravasations, which in reality are but varicose enlargements. These venous dilatations are chiefly situated at points where the main trunks are joined by branches of considerable size. When the congestion becomes extreme, the arteries are enlarged to

twice or thrice their natural size, and occasionally assume an appearance indicative of aneurismal dilatation. The phenomena of intra-pulsation — commonly in the veins, rarely in the arteries—can sometimes be observed, and spots of extravasated blood, especially in the region of the disk are not rare.

3rd. *Intense congestion, with œdema of the disk.*—When extreme degrees of congestion have lasted for a length of time, and occasionally when they are suddenly developed the phenomena of intra-ocular congestion with œdema of the disk may present themselves. This is indicated mainly by changes in the size, colour and transparency of the disk. The intra-ocular portion of the optic nerve becomes swollen and infiltrated. An irregular projection of the disk forward, more marked on one side than the the other, is almost invariably present, and in such cases the adjacent margins of the retina become implicated. From the crimson hue of congestion the disk becomes of a dirty grey colour. Instead of being able to see through the transparent prolongations of the nerve, the observer will view an opaque mass, with rough striations passing to the retina. When intense congestion has preceded this state, in cases that have been carefully watched, a very peculiar change will be noticed in the arteries. In congestion however extreme, when uncomplicated, the trunks of the arteries will be seen enlarged to twice or thrice their natural size, but so soon as œdema sets in, they will decrease to less than their normal diameter. Many branches previously apparent will disappear, and some trunks which can be seen in health, will now become invisible. Along with this diminution in the size of the arteries, there will be an increase in the number and calibre of the veins, the larger branches of which will become varicose. Minute extravasations near the centre of the disk will occasionally be apparent, but hæmorrhages beyond the borders of the optic nerve entrance are rare.

4th. *Inflammation of the disk and adjacent parts of the*

retina—neuro-retinitis—may follow œdema of the disk in the same manner that œdema succeeds intense congestion. In brief, the various degrees of congestion—slight, severe and congestion with œdema—may, and in many instances do, guide that condition which we denominate neuro-retinitis. Yet this rule is not invariable, and the order of succession is no more constant for this anatomical condition than it is for congestion with œdema of the disks. Either condition may occur independently, or succeed one another in the order named. Neuro-retinitis when preceded by œdema of the disks is characterised by a subsidence of the swelling and unilateral projection so characteristic of the latter. The coarse striated prolongations of the optic nerve are obscured by a grayish-white exudation, which may also be observed in the course of the principal vessels. Patches of extravasated blood are now more common, and the outline of the optic papillæ more irregular. The arteries become more prominent than in the latter affection, and the vessels, which in cases of extreme congestion can be seen diverging from the sides of the disk again make their appearance. But when neuro-retinitis presents itself as a primary ocular difficulty, the ophthalmoscopic appearances pursue a different course. The part first affected is the optic disk, and the first change noticed is an increased vascularity of the optic papilla. It is a curious fact that this abnormal vascularity is not general—equally diffused over the disk—but shows itself first at the centre or circumference and then slowly invades the other parts of the nerve-termination. In the majority of cases I have observed this has been at the nasal side of the disk and has slowly extended around the periphery before implicating the porus opticus. The part first implicated becomes exceedingly red, and then assumes a grayish tinge, and as the inflammation progresses, this process can be watched until the whole disk has assumed a mottled appearance. Prior to the implication of the entire disk, the surrounding parts of the retina

are affected, and the retinal vessels become somewhat dilated. The vessels of the sides of the papilla enlarge, and the veins of the retina become varicose. Minute extravasations of blood in the retina, near the disk, are not unusual.

5th. *Anæmia of the disk and retina.*—The contrast between the various conditions just described, and the one to be considered now, is as broad and distinct as can well be imagined. In the former class of cases, we have an increased amount of blood in the intra-ocular structures, either with or without structural lesions; in the present class there is a diminution below the natural standard of intra-ocular blood-supply, and organic alterations are never observed as a consequence of the anæmia. The ophthalmoscopic appearances are as follows: The choroid, disk and retina are observed to light up badly, and some difficulty may be experienced in securing a good illumination. The disk may appear devoid of those vessels which nourish the part in health, its fibrous structure is very apparent, and the lamina cribrosa, from the unusual transparency of the intra-ocular portion of the nerve, shines forth with great distinctness. The arteries are quite small, and many of the retinal branches visible in health, are now invisible. The veins are likewise diminished in size, and many of their branches disappear. The relative size of the arteries to the veins is less than in health, and their diminished size and straight course is quite characteristic of this condition.

After twenty-nine cases which came under my observation, many were seen but once or twice, and I did not have an opportunity of watching the intra-ocular appearances throughout the different stages of the disease. In eleven cases, however, I was more fortunate, and my examinations were repeated daily or every other day, from its incipiency, to the termination of the disease, in each patient. Of this number three recovered and eight died. In the fatal cases, seven presented evidences of intra-ocular hyperæmia, and one of anæmia.

The symptoms were nearly the same in all the cases. Those in which the ophthalmoscope revealed anæmia presented as strongly marked evidences of acute hydrocephalus as those in which the intra-ocular structures indicated inflammatory cerebral disease. It would have been impossible for any one, however skilful, to have discovered anything in the pulse, respiration, temperature or general appearance and behavior of the patients, which would have enabled him to distinguish between the anæmic and hyperæmic cases.

There was but little difference in the duration of the disease in the fatal cases. In none was the period greater than thirty-one days—the case of anæmia dying within twenty-one days from time of attack. In this case the pupils were neither dilated nor contracted, responded readily to light, were alike on the two sides and the ophthalmoscopic appearances were essentially those I have described as characteristic of intra-ocular anæmia.

In the seven fatal cases characterised by intra-ocular congestion, the ophthalmoscopic appearances were not only different in the different cases, but they varied in the same case from day to day. In one instance, when I first saw the patient, the hyperæmia, if there was any, was so slight as not to attract attention, yet on my second visit, a day or two later, there was extreme congestion of the retinæ, with œdema of the disks. This condition persisted until the child died, some two weeks subsequently. In another, neuro-retinitis was well marked at the first examination, and in a third, congestion with œdema of the disks, was the earliest ophthalmoscopic sign that presented itself. In the remaining four cases, three were seen during the stage of intense congestion, one remained in that condition and the other two developed neuro-retinitis, while the fourth, from the stage of slight congestion, in which it was first observed, gradually developed intense congestion, then œdema of the disks, and finally, neuro-retinitis.

The cases which recovered were three in number. Two were characterised by anæmia, and one by hyperæmia. The former were from thirty to forty days in duration and their restoration to health was accompanied by a change in the intra-ocular circulation. From a comparatively bloodless state these parts resumed a normal appearance. The arteries and veins of the retinæ, as also the proper vessels of the disks, increased in size and the fundus oculi assumed a healthy look. The case which had been characterised by hyperæmia was much slower in its progress. Œdema of the disks, with intense congestion of the intra-ocular structures was apparent during the early part of the disease, but during convalescence it gradually subsided, and with recovery, the disks and retinæ lost their abnormal appearance and gradually recovered that of health.

The eighteen cases which were not under my immediate observation during their progress, but were seen only occasionally—some once, others more often—resulted in fifteen deaths and three recoveries. All those which resulted fatally were characterized by hyperæmia, varying in amount from slight congestion to neuro-retinitis. The exact state of each case was not noted, as it was impossible to follow them through the various stages the intra-ocular structures underwent, but it is certain that in none of the fatal cases were there any indications of anæmia. The cases that recovered, or were likely to recover—and in which the fact that they did recover is established beyond the shadow of a doubt—were watched for a length of time, and their history preserved all difficulties. Without exception, these cases were characterised by intra-ocular anæmia. One case was constantly under observation for three months, another for nearly the same length of time, but the third recovered in about eighteen days. In one case only—the third—was there any implication of the abdominal organs, and in all three, aside from the ophthalmoscopic appearances, the evidences

of tubercular meningitis were as strongly marked as in any of the fifteen fatal cases, in a number of which post-mortem examinations revealed the existence of that disease.

The careful observation of cases of tubercular meningitis will frequently reveal a succession of intra-ocular phenomena closely resembling the various forms of hyperæmia and organic changes which have already been described. In fact I doubt if such is not the ordinary course of the intra-ocular changes in the majority of cases. The state of slight congestion marks the incipiency of the disease, and in regular course, we have intense congestion with œdema of the disks. Following this latter condition—one which very seriously impairs the nutrition of neighboring parts—comes inflammation of the disk and retinæ, to be in turn succeeded by what is commonly the sequel of inflammatory changes in such delicate structures—atrophy of the parts involved—a condition foreign to our present enquiry but which is of great importance in connection with the ultimate results of this disease in those rare cases which recover.

The close connection existing between the vascular supply of the brain and the degree of fulness of the intra-ocular vessels, is so well established that its consideration can be omitted. The manner in which organic changes of the disk and retina succeed different varieties of intra-cranial disease, though not so well understood, need not be entered into, as it is not essential to our present enquiry. That the vascular changes in the disk and retina accurately represent those occurring within the cranial cavity and that organic alterations of the intra-ocular termination of the optic nerves, when not due to local disease, in like manner indicate organic changes in the brain, can be accepted as facts, and the question with which we are concerned is : Can we make the information afforded us by the ophthalmoscope of value, in discriminating between the different affections of the brain which

are likely to be confounded with tubercular meningitis, thus enabling us to apply proper treatment in the one class of cases, and to avoid injurious measures in the other?

This question is readily answered, and the answer is in the affirmative. The vascular, œdematous, and neuritic processes which are characteristic of tubercular meningitis are so radically different from the anæmic conditions which accompany spurious hydrocephalus, that, however similar the other signs and symptoms, one glance at the intra-ocular structures with the ophthalmoscope will at once settle the diagnosis. The nature of the disease having been decided, the proper therapeutical measures are likewise indicated. In the one case cerebral vascular excitement has to be subdued; in the other an increased supply of blood has to be sent to the brain. Physiological experiments and clinical observations have demonstrated that certain remedies—such, for example, as the Bromides of Potassium, Lithium, Sodium and Ammonium, the Oxide of Zinc, etc.,—when properly administered, diminish the quantity of intra-cranial blood; while others, of which the preparations of Strychnia and Quinia are leading representatives, under similar circumstances, tend to produce a state of cerebral hyperæmia. The former are indicated in all cases in which the ophthalmoscopic appearances denote cerebral congestion; the latter, when anæmia is present, and neither should be administered for any length of time unless their effects upon the cerebral blood-supply is carefully observed by means of the ophthalmoscope.

Hospital Reports.

Medical and Surgical Cases Occurring in the Practice of the Montreal General Hospital.

Case of Bright's Disease, large white kidney diagnosed. Under the care of John Reddy, M.D. Reported by Mr. W. H. Burland.

Patrick Neale, aged 50, native of Ireland, was admitted into the Montreal General Hospital on the 3rd April, under the care of Dr. Reddy. He is a married man and resides at Point St. Charles. His occupation is that of night watchman, and he is constantly exposed to inclement weather. Up to six or seven weeks ago he was able to attend to his work. He has been rather intemperate, but he says his health has always been good.

About six weeks ago he caught cold, and had a rigor and some vomiting. After two days diarrhœa set in, which has continued off and on ever since. In about ten days after he took sick he noticed his feet beginning to swell.

Present condition.—Very pale and anæmic ; complexion waxy-looking ; heart's action and pulse extremely weak ; very drowsy and inclined to sleep ;tongue smooth and dry ; has a longing to eat, but appetite capricious ; bowels relaxed. On examining the lungs dulness existed under both clavicles and dry crackling was made out with the stethoscope ; his very weak state rendered a careful examination very difficult. There was some œdema of the feet and ankles, but it was not extending much. The urine being examined was found to present the following characteristics :

Reaction neutral or slightly alkaline; Sp. gr. 1010; effervesces slightly with nitric acid, slightly discoloured by boiling, about 40 per cent of albumen. The microscope

shows triple phosphates, free fat globules, a few epithelial scales from bladder, vibriones and a few hyaline casts.

Dr. Reddy considered the case to be one of Bright's disease, in which the large white kidney would probably be found; also considerable tubercular deposit in the apices of the lungs *Post mortem.*

4th April.—He was ordered the following mixture: ℞ Liq. Ammon Acetatis, ℥iij; Syrupi Aurant ℥ss aquæ ad ℥vi misce.

A table spoonful three times a day. He was also given milk diet, with extra milk. He was very weak, pulse 96, respiration 28; and gave an occasional cough; bowels still relaxed.

5th and 6th April.—Still very weak; diarrhœa worse; had a rigor to-day. He was ordered 2 oz. Brandy, and the Mistura Hæmatoxyli.

7th.—Slightly better to-day; bowels not so frequently moved; œdema has not increased, in fact has gone down.

8th.—Diarrhœa not so frequent; passed 48 oz. of urine in the 24 hours, has a feeling of scalding during micturition. Very weak, skin dry and harsh, and extremities cold; vomited in the afternoon, and asked for an egg and some chicken broth to-day.

9th.—Passed 59 oz. of urine since yesterday, pulse very feeble, surface cold.

10th.—Passed 50 oz. urine. Diarrhœa still persists; was ordered the following: ℞ Acid Carbolic, gtt. ij Pulv. Camphor gr. xvi, Pulv. Opii gr. iv, Bismuth Trisnit gr. xxxvj, ft. mass. in pil. xii div. One every fourth hour.

12th.—Passed 32 oz. of urine. Condition much the same. Diarrhœa not quite so frequent.

13th.—Passed only 8 oz. urine since yesterday.

14th.—Has neither eaten, passed water, nor had a motion to-day; pulse very weak and thready; sleeps a great deal, evidently sinking. Died at 4 P. M. Autopsy, 20 hours after death. Rigor mortis well marked. Thorax; surfaces of pleura on right side adherent in several places; apex of

right lung puckered and containing several small masses of yellow tubercle; lower part of upper and part of middle lobe consolidated and filled with exudation; lower lobe partly consolidated and much congested. Yellow tubercle at apex of left lung; rest of lung crepitant and healthy. Heart small, mitral valves somewhat thickened, other valves healthy.

Abdomen—left kidney, large, pale and smooth externally, weight 11 oz. Right kidney, weight 10 oz. Both slightly mottled with dirty white, in patches; capsule thin and not adherent, cortical portion much increased and entirely changed in structure, quite white and cutting like bacon.

Liver, 3lbs. 10 oz. surface slightly roughened. Pale but otherwise healthy. Spleen very small, capsule adherent to diaphragm and surrounding organs, very small and hard, and of a dark red color, when cut into, cuts like a potato.

Case of Cirrhosis of Liver. Under the care of Dr. Reddy. Reported by DR. CHIPMAN, Assistant House Surgeon, Montreal General Hospital.

Richard Warner, aged 38, native of England, was admitted into the Montreal General Hospital on the 9th June, under the charge of Dr. Reddy, suffering from dropsy. He is of medium height, rather sallow complexion, with puffy features, and has considerable abdominal effusion. Lately he has been employed in the gas works. He was formerly a soldier and has been in India; he confesses to have used spirits but not to excess.

While in India he had fever and ague for four months. He has never had rheumatism or syphilis.

About 16 months ago, he first noticed his belly beginning to swell, and notwithstanding treatment it has gone on increasing.

He has never had jaundice or hæmatemesis or melæna. On admission, his appetite was fair, tongue pretty clean,

bowels open once a day, motions rather dark, urine scanty and high colored ; conjunctiva not yellow, has slight œdema of feet, suffers from flatulence but has no pain over liver or in right shoulder.

On examination, the lungs were found to be pretty clear on percussion, a few muco-crepitant râles being heard behind. Heart sound, normal ; the upper border of the liver corresponded to the 7th interspace, the lower was not distinctly made out, but the liver was evidently diminished in size. Fluid was distinctly made out in abdominal cavity ; the measurement on a level with the umbilicus was 38 inches.

There was also some œdema of the feet and ankles. He had a slight cough but little or no expectoration.

He was ordered milk diet and beef tea, and put on Infus. Digitalis with Potass Acet.—also the Pulv. Jalap. Co : ʒss. every 6 hours till the bowels were well opened.

The urine was examined for the bile pigment with nitric acid, and for the bile acid, with sulphuric acid and sugar. The tests, however, were not very characteristic, there was a trace of albumen—sp. gr. 1014.

10th. Much the same ; pulse rather weak.

11th. The bowels have been well opened.

14th. There is no diminution as yet of the dropsy. Ung. Hyd. Biniod. was ordered to be rubbed over the liver.

16th. To-day he complains of sore throat, but nothing of importance was found on examination. He is very feverish however, and his temperature, this morning was 105, pulse 120, respiration 28. Evening, P. 120, T. 103, R 28.

17th. Complains of pain in the chest this morning, has more cough and his breathing is much oppressed. Pulse 130, Resp. 46, T. 103⅘.

Muco crepitating râles heard over chest posteriorly—is much weaker—was ordered 4 oz. gin and stupes to chest.

Evening, 7 P. M., — Resp. 40, Temp. 103, Pulse, 130 ;

very weak, extremities cold and breathing very much oppressed; lips blue.

While seeing another patient up stairs, the nurse came to say he was choking, and going to see him I found he had just ceased to breathe.

P. M.—On opening chest it was found to be partly filled with fluid, lungs healthy but partially collapsed, a very strong adhesion was found between pleura and chest. Some spots of atheroma with a few vegetations round the aortic valve, wall of left ventricle slightly thickened, heart otherwise healthy.

On opening abdomen several pints of clear serum were found—the liver which weighed 2 lbs. 10 oz., was of a yellowish color, very firm and presenting numerous nodules all over its surface—when cut into it was very hard and brawny, and presenting the mottled, granular appearance characteristic of Cirrhosis. The spleen was enlarged, and weighed 1 lb. 12 oz.

The right kidney weighed 6 oz., left 7 oz., they were congested but not structurally diseased.

Case of Mitral Valve disease—right hemiplegia—pleuritic effusion into left side of chest—considerable pericardial effusion—absorption of effusion and partial recovery from hemiplegia. Under the care of Dr. Reddy. Reported by DR. CHIPMAN, Assistant House Surgeon, Montreal General Hospital.

M. S., A pale, sickly looking man, below medium height, was admitted into the Montreal General Hospital on the 17th April, suffering from shortness of breath and loss of power on right side of body.

History. — Parents both dead, cannot say of what disease. He is a file-cutter by trade and came to the States some six years ago; before that his health he says was quite good.

Has always been temperate, has never had syphilis. Has never had inflammatory rheumatism or any affection of the joints. For five years past he has suffered from shortness of breath, which he says came on gradually, and though it interfered with the performance of his work at the time, he did not lay up. Up to the 17th March last, he was working at his trade though he had consulted Dr. Gardner of this city several times. The dullness to be hereafter described was then present in the chest, but he cannot give any account of an acute attack of pneumonia or pleurisy.

About a fortnight before his admission at 4 A. M. his friends were called up to see him and found that he could not speak, so that they could understand him and that he had no power in his right hand or leg. He had no fit of any kind that he is aware of. The difficulty of speech lasted for several days, but on admission to the Hospital he could be understood.

On admission his mouth was drawn to the left side, the right eyelid could not be firmly closed and the wrinkles on that side of the face were not so well marked, the tongue when protruded was directed to the right side. He could not raise his right arm or move his fingers, he could move his toes and raise his leg slightly when in bed. He felt very weak, his expression was anxious, eyes heavy, pupils rather large but equal, pulse 100, and weak, breathing oppressed, both legs were somewhat œdematous.

On examination, the following condition of things was made out. In front percussion was clear in the clavicular and most of the infra-clavicular regions, on both sides, auscultation afforded no evidence of any disease of the lungs in that situation. The left side of the chest was dull from the commencement of the mammary region downwards.

Besides the normal precordial dullness the percussion note was dull over an area commencing at third interspace

on the left side and extending below midsternum, — horizontally extending from about two inches beyond the sternum on the right side to the commencement of the left axillary region.

On examining the heart, a loud systolic murmur was heard at the apex, and more marked at the ensiform cartilage. The murmur was also heard up the sternum as high as second right cartilage, not at second left cartilage; also distinctly at fourth right cartilage. It appears to mask the second sound at the apex.

The murmur was supposed to be mitral. The heart's impulse appeared to be at ensiform cartilage, where also quite a thrill was experienced on placing the hand over that situation.

Behind.—The left lung was dull as high as the commencement of the scapular region, right side clear, feeble breathing heard on left side, and muco-crepitating râles heard over lower lobe of right lung; these râles were also heard over right lower lobe in front. The heart sound could be made out on left side behind, without any murmur. The murmur was, however, distinctly made out on right side behind, on a level with fourth dorsal vertebra.

He was put on milk diet, with beef-tea, and ordered the following mixture:

℞ Potass acet. ʒii, Infus. Digitalis ʒiii, Tinct. calumb. ʒi. Aq. ad ʒvj. A tablespoonful every four hours, and also 4 oz. wine. Apl. 23. Pulse 96, raised his right hand a little from the bed this morning.

Both sounds of the heart were distinguishable at the pulmonary cartilage to-day and were free from murmur in that situation. Coarse crepitating râles were heard in the upper part of the left lower lobe behind. Those on the right side behind have nearly disappeared.

24th. Slept well last night; pulse 100.

25th. Pulse 92, respirations 32, appetite improving. Can move his arm a little.

26th. To-day he can raise the arm a little from his

side, tongue clean, bowels regular, pulse 90, resp. 28. On examining the chest to-day a well marked to-and-fro friction sound was heard about an inch above left nipple, midway between it and the sternum. The line of dullness which formerly extended to two inches beyond the sternum now corresponds to the right edge of the sternum.

27th. Pulse 92. Sleeps and eats well.

28th. The range of dullness in front is still less, the extreme border corresponding to a line drawn ¼ inch to inside right border of sternum, and a friction sound still heard; it also appears to be present at apex of heart and to occupy part of the time of the murmur.

29th. Improving every day, appetite good, ordered a chop.

May 4th.—The friction murmur has disappeared. His general health has very much improved, he can walk now and is allowed to get up.

6th.—Had some slight diarrhœa yesterday, for which Pulv. Cretæ Co. cum Opio. was given.

8th.—The diarrhœa has stopped, he gets up every day now. He can raise his arm but can scarcely move his fingers yet.

12th.—The paralysis remains much the same, he can raise his arm and move his finger slightly, the tongue is still protruded to the right and the face slightly drawn.

He sits up every day, and eats and sleeps well, ordered tonic.

16th.—The chest was examined to-day. The area of cardiac dullness is now nearly normal, the murmur is still present but is not quite so rough; œdema of legs gone.

23th.—Area of precordial dullness normal, murmur as before, dullness behind still present but does not extend so high; respiratory sounds returning.

No crepitant râles heard posteriorly.

June 4th.—Area of precordial dullness normal; murmur as before. Slight dullness on left side, can raise arm to head, general health greatly improved.—Left Hospital.

CANADA

Medical and Surgical Journal.

MONTREAL, JULY, 1873.

ONTARIO MEDICAL COUNCIL ANNUAL MEETING.

The Ontario Medical Council held their annual meeting on the 25th ultimo, in Toronto and continued in session three days. The following gentlemen were elected office-bearers for the ensuing year:

Dr. William Clarke, of Guelph, President.

Dr. John Muir, of Merrickville, (Eclectic), Vice-President,

Dr. Aikins, of Toronto, Treasurer.

Dr. Pyne, Registrar and Secretary.

The meeting was largely attended both by the territorial representatives and the school men as well as by the homœopathic and eclectic representatives.

The business of the meeting was chiefly taken up by the adoption of amendments to the present medical act. The bill as reported is as follows, we copy from the Toronto *Globe:*

ONTARIO MEDICAL ACT.

On motion of Dr. Campbell, the Council went into Committee of the Whole on the Act to amend the Ontario Medical Act. Dr. Fields took the chair.

The first clause, by which the corporate power was increased, was passed.

The third clause, which was as follows, was carried :—

The following shall be added to section 12 of the said Act as sub-section 3 :—3. In cases of doubt or dispute as to the legality of the election of any member of the Council, it shall be lawful for the Council to hold an inquiry and decide who is the legally qualified member of the Council, and such person shall be, and be deemed to be, the member legally qualified, and if such election shall be found to have been illegal, the Council shall have power to order a new election.

In place of the fourth clause, Dr. Brouse moved that the time for the first meeting of the new Council should be fixed by the retiring Council. Motion was carried.

The fifth section was struck out, as the object was met by the previous clause.

With regard to the sixth clause, respecting the transfer of voters from one class to another,

Dr. Clark thought it should be made more definite, so that the voter could vote only in the class in which he was last registered. The clause having been amended, it was passed.

Clause 7, amending section 18 of the existing Act, respecting the appointment of Registrar and Treasurer, was passed with verbal amendment.

Dr. Campbell said it was suggested by Parliament that the Bill, instead of being called an Act to amend the Ontario Act, should be entitled the Consolidated Ontario Medical Act.

Dr. D. Clarke said the Council should thoroughly consider the Bill and make it as perfect as possible, because it would be final during the life-time of most of those present.

Clause eight was as follows :—

(2) The Council shall appoint annually from among its members an "Executive Committee" to take cognizance of, and action upon, all such matters as may be delegated to it by the Council or such as may require immediate interference or attention between the adjournment of the Council and its next meeting; and the action of such Executive Committee upon all matters so delegated to it, or so requiring immediate interference or attention, shall be as legal and binding as if it were the action of the Council itself in session; and the Executive Committee nominated by the Council at its last session, shall be held to be, and to have been, an Executive Committee within the meaning of this Act.

Dr. Dewar moved that the word "may" should be inserted instead of the word "shall."

Dr. Campbell pointed out that both words would be equally binding.

The motion was withdrawn.

Dr. Lovell thought the whole responsibility should devolve upon the President.

The President said the Council would not get a professional man to act as president and assume the responsibility proposed and give up the time necessary.

Dr. Dewar moved that the Committee consist of the President and three members of the Council, to be selected by the President.

The Committee arose, reported progress, and asked leave to sit again.

The Council adjourned.

AMENDED MEDICAL ACT.

They took up the provisions of the Bill *seriatim*, commencing at the point where they ceased last night. The first under consideration was the following :—

The following shall be added as a sub-section to section eighteen of the said Act :—

(2) The Council shall appoint annually from among its members an "Executive Committee" to take cognizance of, and action upon, all such matters as may be delegated to it by the Council or such as may require immediate interference or attention between the adjournment of the Council and its next meeting; and the action of such Executive Committee upon all matters so delegated to it, or so requiring immediate interference or attention, shall be as legal and binding as if it were the action of the Council itself in session; and the Executive Committee nominated by the Council at its last session, shall be held to be, and to have been, an Executive Committee within the meaning of this Act.

The following shall be read as part of section nineteen of the Act hereby amended, and at the beginning thereof :

In each of the Territorial Divisions described in Schedule C of the Act hereby amended, there shall be established a "Territorial Division Medical Association," which may be briefly called the "Division Association" of such division; Every member of the College of Physicians and Surgeons of Ontario resident within the said Territorial Division shall be a member, and the Representative in the Council of such Division, shall be *ex-officio* Chairman of such Division Association.

(2) The Council shall have the power to make by-laws for the organization and management of the said Division Associations, which Associations shall likewise have power, if deemed expedient, to establish Branch Associations in their Divisions in affiliation with them, and to enact by-laws concerning all matters pertaining to the medical profession within their several Divisions; pro-

vided always that no by-law so passed shall take effect until it has received the approval of the Council, signified by the seal of the College, and by the signature of the President thereof, being appended to it; and the Council shall at all times have the power to enact by-laws to take effect in any Territorial Division in Ontario, any by-law of the said Division Associations to the contrary notwithstanding.

(3) The said Division Associations may appoint a Board of Examiners to examine into the qualifications of females wishing to practise Midwifery within their several Territorial Divisions, and, upon satisfactory proof of competence and upon the payment of such annual fee as may be approved of by the Council, to grant annual licenses to such females to practise Midwifery within their own division only, such annual license being liable to be cancelled or suspended by the Association upon proof of misconduct or incompetence on the part of the female holding such license. And no female, while holding the license aforesaid, shall be liable to any of the penalties imposed by this Act, for the practice of Midwifery within the Division for which she holds such license.

(4) The said Division Associations may from time to time submit to the Council a tariff, or tariffs of professional fees suitable to their Division, or to separate portions of their Division, and upon the said tariff or tariffs of fee receiving the approval of the Council, signified by the seal of the College and by the signature of the President thereof being appended thereto, such tariff or tariffs shall be held to be a scale of "reasonable charges" within the meaning of section thirty-one of the Act hereby amended, for the Division, or section of Division, where the member making the charge resides.

(5) Each Division Association shall appoint, subject to the approval of the Council, a public prosecutor, who shall cause prosecutions to be instituted in the name of the College, against any one acting in contravention of the provisions of this Act; and it shall be the duty of the prosecutor so appointed to make a return to the Registrar of the College, at such times as may be determined by the Council, of all prosecutions under this Act; and the said prosecutor shall cause to be transmitted, without delay, to the Registrar of the College all moneys which may be recovered as fines, forfeitures, annual contribu-

tions, or which may lawfully form part of the general funds of the College.

(6) It shall be lawful for the Council from time to time, to grant aid as may be deemed expedient towards the payment of the expenses of the several Division Associations.

After some discussion the clause was amended by erasing sub-section I, and inserting the following :—

"The President shall appoint three members, with himself, to constitute an executive committee, but such committee shall not have power to alter, repeal, or suspend any decisions or enactments of the Council, unless especially authorized by the Council so to do; provided always that the acts of said committee shall be valid only until the next examining session of the Council."

Sub-section III was also amended as follows :—In the first line an alteration was made by altering it so as to read :—"The said Division Association shall have it in their power," &c.

Dr. McDonald moved, in amendment to section V, that no public prosecutor be appointed, but that the prosecutions take place in accordance with the Summary Proceedings Act.

The motion of Dr. McDonald was carried, and the clause as amended was adopted.

On clause IX, which was as follows :—

"Section twenty-two of the said Act is amended by striking out the words 'not exceeding ten dollars' in the fifth line. and inserting the words : 'to be fixed by by-law of the Council' in lieu thereof; and at the end of the said section twenty-two, the following words shall be added :—'Provided always that the Council shall have power in special cases to reduce the charge for registration when it may be deemed expedient.'"

All after the word "thereof" was struck out.

The following is clause X, as amended, sub-sections six and seven having been struck out :—

"Section twenty-three of the said Act is amended by adding after the words 'holding certificates in Ontario' in the twenty-fifth line of the said section the following words :—

"'Provided also, that it shall be lawful for the Council to admit to registration all such persons as are duly registered in the medical register of Great Britain, or are otherwise authorized to practice physic, surgery, and mid-

wifery in the United Kingdom of Great Britain and Ireland so soon as it shall appear that the same privilege is accorded, and upon similar terms, in the United Kingdom of Great Britain and Ireland to members of the College of Physicians and Surgeons of Ontario.'

"And the following shall be sub-sections four, five, six, and seven of section twenty-three of the said Act:—

"'(4) From, and after the passing of this Act, each member of the College shall pay to the Registrar, or to any person deputed by the Registrar to receive it, a contribution of not less than two dollars nor more than five dollars, as may be determined by the Council in each year towards the general expenses of the College, which contribution shall be payable on the first of January in each year, and that it shall be in the power of the Council to make such arrangements as will facilitate the collection of such contribution, either by imposing a fine in default of payment, or in such other manner as may seem expedient; and such contribution, and such fine, shall be deemed to be a debt due by the member to the College and to be recoverable with costs of suit in the name of the College, in the Division Court of the division where the member in default resides.

'(5), The contribution for the year one thousand eight hundred and seventy-four, is fixed at dollars, and shall be payable to the Registrar, as aforesaid, on or before the first day of May, in said year, on pain of such fine as the Council may determine, if not paid before the first day of July in said year.'"

Clause XI was adopted without amendment, as follows:—

"Section twenty-four of the said Act is amended by striking out all the words after the words 'Kingdom' in the seventh line of the said section, and substituting the following words in lieu thereof: 'at such times and in such manner as the Council shall by by-law direct.'"

The Council then adjourned.

The report of the Finance Committee was submitted and duly received. From this it appeared that after settling all indebtedness about $550 remained, and the Committee recommended the payment of $5 per day to each member attending the present session together with travelling expenses.

EVENING SITTING.

The President took the chair at 8 p. m.

REPORT OF COMMITTEE ON REGISTRATION.

Dr. Campbell presented the following Report of the Committee on Registration :—

The Committee of the Council of the College of Physicians and Surgeons upon Registration beg leave to report that they met in the Executive Committee Room of the Registry-Office of the College, on Friday, 27th June, 1873. Present: Drs. Lawrence, Bethune, Dewar, Bogart, and Campbell; Dr. Campbell in the chair. The Registrar submitted a statement showing that 89 students had been entered on the register. The number of matriculants on the student's register is now 406. 57 names have been added to the number of registrations since last report. The names of 32 members have been removed by death since the period when the registration of medical practitioners commenced in this Province. Also 39 persons have availed themselves of the opportunity of obtaining the diplomas of membership recommended by the Registration Committee last year.

Dr. Edwards moved, seconded by Dr. Bethune, that the report be adopted.

Dr. Dewar moved as an amendment that the report be received and that the Council go into Committee of the Whole on the report. He wanted to know how many matriculated students there were who did not hold a diploma from the College of Physicians and Surgeons of Toronto.

After some conversation the information required was promised to be furnished to Dr. Dewar.

Dr. Pine said that 415 students had matriculated altogether; 88 since he had been registrar.

COST OF EXAMINATIONS.

Dr. Bethune moved, and Dr. Lawrence seconded, the following resolution :—"That in view of curtailing the expenses connected with the examinations ordered by this Council, that the examination papers be printed, and that the Registrar and President be appointed to supervise the examination until the written examinations, and then that the examiners meet, examine the papers, and finish the examinations." By so doing a large sum would

be saved to this Council, and the examinations most efficiently conducted.

Dr. Berryman objected.

Dr. Hyde said the resolution was out of order.

The Chairman ruled that the motion was out of order.

Dr. Bethune withdrew his motion.

Dr. Dewar moved, and Dr. Hyde seconded, the following resolution :—"That this Council beg to insist on the absolute necessity of the Examining Executive Committee, with reference to the carrying on of the examinations in as economical a manner as possible."—Carried.

A VOTE TO DR. CAMPBELL.

Dr. Berryman remarked that it was said that the lion often lies down with the lamb—(laughter)—and this was his arrangement. He moved, seconded by Dr. Dewar, the following resolution :—"That during the past year much labour has been entailed on the shoulders of the late Vice-President, Dr. Campbell, in organizing many details of the proposed amendment to our Medical Act that the non-passage of such amendment was due to certain circumstances over which the Committee, along with Dr. Campbell, had no control ; but still the thanks of this Council are due to Dr. Campbell for his many and assiduous labours."

Carried—Dr. Aikins objecting to support the resolution.

Dr. Campbell wished to return his thanks for this unexpected kindness. He said he had endeavoured to work harmoniously with every gentleman of the Council. He was foremost in trying to put down any feeling of an evil spirit, but the action he had taken had not the effect on his friends he expected. But he was about to sever every connection with the Council. This was the last time that Homœopathists would ever sit within these walls, for it was intended to send in the resignation of all the Homœopathists in this Council to the Registrar ; they had done for ever with the Council. The reasons were, that after exerting himself as hard as he could, and filling the office of Vice President energetically, he had not succeeded to the office of President, which he looked for as a matter of course. He was told indirectly that the reason of this was that it would be a monstrous thing to be said in the country that a homœopathist was at the head of the medical profession. He was also told by his friends outside that he would never get the other members of the

Council to look on him with cordiality. He told them he was always met with courtesy and kindly feelings, and that any prejudice would soon wear off. But when he was told that in four years there had not been one homœopathist who presented himself for examination he thought this was sufficient argument to go to the country and put an end to the Council, so far as the homœopathists were concerned. And they would establish an Homœopathic Board. In conclusion, Dr. Campbell wished the Council good evening, as his connection with the Council had ceased, and his official resignation would be sent in with that of the other homœopathists.

Dr. Berryman remarked that he wished to add "Adieu!" at the end of the resolution. (Laughter).

The President said he could not allow it for a moment to go to the country that it was because he (Dr. Campbell) was a homœopathist he was refused the chair. (Members —No, nothing of the kind). He told Dr. Campbell that the reason why he was not chosen President was a personal consideration alone. It was not right it should go to the country that it was because he was a homœopathist he was refused the chair. It was not the fact—it was from a personal consideration alone.

Dr. Adams asked if there was one gentleman present who would have voted for Dr. Campbell?

The President said he was prepared to vote for him, but he could not get any one else to vote for him, from a personal consideration, and he told him he could be voted vice-president.

Dr. Campbell.—And you thought that was good enough for me?

The President.—Yes, I thought that was good enough for you.

Dr. Dewar considered that he had as much if not more reason to complain in not being elected President as Dr. Campbell had. He was an older member than Dr. Campbell.

Dr. Campbell.—I am the oldest member of the Council. I was here and was turned out once.

Dr. Dewar.—Yes, and by me.

Dr. Campbell.—Yes.

Dr. Campbell here left the Council with his leather bag.

VOTE OF THANKS TO WARDEN THORNE.

Moved by Dr. Berryman, seconded by Dr. Bethune, that the thanks of this Council be tendered to W. H.

Thorne, Esq., Warden of the County of York, for his courtesy in granting the use of the County Council Chamber for the purpose of this its session.—Carried.

DR. CAMPBELL'S CONDUCT.

Dr. Aikins asked leave to read certain letters written to the Registrar by Dr. Campbell on the subject of the Committee of Examiners appointed by the Examining Board at the last session, when about to adjourn.

The Council resolved to allow the letters to be read.

The letters from Dr. Campbell to Dr. Pine, the Registrar, were to the effect that all papers and documents should not be allowed the examiners to peruse, and that they were not to be allowed to hold a meeting, and an order was sent from Dr. Campbell that the key of the room should be handed over to Dr. Campbell's son.

Dr. Aikins also stated that the key of the room was obtained by Dr. Campbell, and the Registrar was shut out from the room for weeks, and once Dr. Campbell threatened to send for a policeman to turn one of the examiners out of the room.

Some discussion ensued on the conduct of Dr. Campbell towards the Board of Examiners, and which the members present condemned in very severe terms.

The President considered that Dr. Campbell was deserving of the strongest censure that could be passed on him. To say he would send for a policeman to a respectable man! Any one daring to say he would send for a policeman to one of the most respectable men in the city of Toronto, a man appointed as an examiner, was most disreputable, and he could not find language strong enough to speak of such conduct.

THE ACT TO AMEND THE ONTARIO MEDICAL ACT.

The Council went into Committee of the whole on the Bill of "The proposed Act to amend the Ontario Medical Act," Dr. Hillary in the Chair.

The several clauses were adopted.

The Committee rose and reported the Bill as amended.

Dr. Lawrence proposed, seconded by Dr. Hyde, that the Bill as amended be referred to the Executive Committee.—Carried.

REGISTRATION OF DEATHS.

The President drew the attention of the members of the Council to the matter of medical men being required

to furnish particulars respecting the deaths of persons without any remuneration. He considered the Council should consider the matter.

DR. CAMPBELL'S RESIGNATION.

Dr. Grant remarked on the sudden resignation of Dr. Campbell. He considered no person should withdraw from the Medical Council on personal grounds, and because he was not elevated to any important position. If any member had the good of the Council at heart, he should still work as one of the body endeavoring to elevate the medical profession in the Province of Ontario. (Hear.) The Legislature, when their Bill was presented should be made aware of the important fact that Dr. Campbell withdrew from the Council on purely personal grounds, and such withdrawal should receive the consideration of the Legislature. (Hear.)

ERRATUM.

The name of Dr. E. G. Edwards, as Examiner for Physiology, was omitted in our report of yesterday.

VOTES OF THANKS.

Votes of thanks were passed to the President and to the members of the press, Dr. Berryman remarking that the proceedings of the Council had not been so faithfully reported for the past eight years as they had been this time.

The Council then adjourned *sine die*.

LEGAL INTELLIGENCE.—SUPERIOR COURT, MONTREAL.

We publish the judgment given in this case not that it has any special interest to the medical profession generally, but because the controversy was first started in the columns of the *Canada Medical Journal*.—(Ed.)

Before Judge JOHNSON.

BOWKER *vs.* BEERS.—The parties are both dentists residing here; and the Plaintiff brings his action against the Defendant for having, with intent to injure the Plaintiff in his character personally and professionally, written and published in the March number of *Canada Journal of Dental Science* certain commentaries on another article that had appeared in the January number of the *Canada Medical Journal*, signed by the Plaintiff. The *Canada*

Journal of Dental Science is printed at Hamilton in Ontario, but the publication by Defendant in Montreal is what is complained of in the present case, and it is proved that the *C. J. of Dental Science* was circulated here, and received by five witnesses, and also that the Defendant is one of the editors and publishers of it. This is all there is as to the fact of publication here. What is in issue under the 2nd plea, and under the circumstances, I hold it to be enough.

1st. The Defendant, by his plea, admits that he wrote the article complained of, and said that it was partly provoked and called for by the previous production of Dr. Bowker, to which it was an answer. The subject of this controversy was the use of amalgam by dentists for filling cavities in the teeth, and the Plaintiff commenced the discussion in the *Canada Medical Journal*. It cannot be said that it was not a fit subject for discussion in the interest of dentists and of their customers. The only ground of complaint could be that the discussion was not conducted in a fit and proper manner, that the dispute ceased to be scientific and became personal.

The Plaintiff in the article that called forth the one complained of in his action had a perfect right to condemn the use of amalgam.

He used that right, but unfortunately he did not stop there. After exposing its noxious properties and effects, he says: "The question is often and naturally asked why this amalgam is so generally used by a certain class of dentists." The answer can be found in one or all of the following explanations;

1st. The cheapness of the material.

2nd. The ease and facility with which it is used, for it can be put into the most difficult cavities with as much ease as so much putty or wax.

3rd. It makes up for the want of skill and ability to use something better.

4th. From ignorance or the want of honesty.

The Defendant replied to this article in the *Canada Journal of Dental Science* in the same temper. Not content with refuting that part about the amalgam in point of fact, he says: "Dr. Bowker, you are an impostor: "you yourself use this very article which you condemn "in others." Now this is a libel like the first; but the first was a libel on the profession, while the second is one on Dr. Bowker. If he had considered himself libel-

led as a member of the profession, Beers might have sued the author, but he did not do so, but he libels again. It is to be observed that he is charged with a *wanton* and *malicious* libel. Now it cannot be considered such, but was written under provocation, and not wantonly or maliciously. This will go in mitigation of damages, which I have placed very low. Judgment for 50 shillings damages and costs of an action of the lowest class in the Superior Court. *A. & W. Robertson* for Plaintiff; *Carter & Keller* for Defendant.—Montreal *Herald.*

GEORGE WOOD, M.D., C.M., LATE OF COATICOOK.

We regret to learn that Dr. George Wood, who had practised most successfully in Coaticook for some years past, has removed to the Western States. In expressing a sentiment of regret, we do so merely as indicating what we look upon as a serious loss to the community, by whom Dr. Wood had been regarded with feelings of affectionate esteem, and thorough confidence, as a surgeon of ability and apt resources. As an evidence of the general good feeling which prevailed we give below a report of the addresses presented to Dr. Wood on the occasion of his departure, taken from the Sherbrooke papers. We fully endorse the sentiments expressed in the addresses subjoined, and wish Dr. Wood every prosperity and happiness in his new sphere of action:

PERSONAL.—Dr. Wood and family started on Tuesday last for their Western home, in Fairbault, Minnesota. On the Monday previous to his departure, he received an intimation that his friends would be pleased to meet him at Shurtleff's Hall at eight o'clock that evening. At the appointed time the hall was filled with the Dr's friends. Lewis Sleeper, Esq., was elected chairman, and on behalf of Dr. Wood's friends presented him with an address and a valuable gold watch and chain. An address was then presented by Dr. Damon, on behalf of the medical profession of the District; after which, Dr. Paradis, on behalf of the medical profession of Coaticook, in a neat and appropriate speech, presented him with Aitkens' Practice of Medicine, in two elegantly bound volumes. Dr. Wood responded in brief but fitting terms to the addresses.

which we give below. C. C. Colby, Esq., M. P., then addressed the assembly at considerable length. He said when he heard that their highly respected and mutual friend was about leaving Coaticook, to take up his residence in a foreign country, he felt that he could not permit him to depart without coming personally to say good-bye, and wish him God speed. Mr. Colby expressed his pleasure in being able to attend the demonstration which was then being made, and by which the people of Coaticook desired to show their appreciation of the many admirable qualities of head and heart which it was admitted by all that Dr. Wood possessed. He said that Dr. Wood, during the ten years that he had been a resident of Coaticook, had won a position of which any man might be proud; as a physician, he was acknowledged to rank among the first in his profession; as a citizen he had been alive to the interests of the place, frank and outspoken in expressing his opinions, and fearless in acting in accordance with what he believed was right and just. All would feel that they had lost a warm friend, an able and skillful physician, and an active, energetic, and law-abiding citizen. The chairman then called upon E. D. Worthington, Esq., A.M.M.D., of Sherbrooke. Dr. Worthington spoke highly of the abilities of Dr. Wood as a medical man, and also of the uniform gentlemanly bearing which had always characterized his intercourse with the other members of the profession. He said that in a profession where each member was so jealous of his professional reputation that it had nearly passed into a proverb that "Doctors never agree," George Wood might well feel proud of the position which he occupied among his professional brethren, when they came forward, nearly to a man, to express their high appreciation of his ability, and to testify to the uniform courtesy and friendliness of manner which had always marked his intercourse with them. After music by the Coaticook Cornet Band, which had been in attendance during the evening, the assembly dispersed.

To GEORGE WOOD, Esq., M.D., C.M.

Dear Sir:—The undersigned on behalf of themselves and your large circle of friends, beg leave to present you this address on the eve of your departure to a new home in the west, after so many years residence among them, in

which they have never ceased to esteem you for your excellent qualities of both head and heart; they regret more than can be expressed, your decision to remove from this place to a permanent residence elsewhere. All classes of society regret it, the rich and the poor alike have felt the benefit of your professional services, of your great kindness, your warm friendship.—They beg you to accept from them this watch and chain that you may carry with you a small token of their sincere regard. And now in taking leave of you with so much regret, they trust that in arriving at your new home you and Mrs. Wood will meet that kind, heartfelt—welcome, which your merits so richly deserve.

LEWIS SLEEPER; A. A. ADAMS; JOHN THORNTON; HORACE CUTTING, with 95 others.

TO GEORGE WOOD, Esq., M.D., C.M.

Dear Sir:—We beg to assure you that it is with very sincere regret, we have heard of your intention to leave Coaticook. Entertaining, as we do, a high opinion of your professional abilities, and remembering the uniform courtesy and friendliness which has characterized your intercourse with your professional brethren, we cannot allow you to leave without assuring you of our best wishes for the happiness and prosperity of yourself and family. Believe us to be,

Faithfully yours,

BENJAMINE DAMON, M. D.; E. D. WORTHINGTON, A. M., M. D.; F. AUSTIN, M. D., C. M.; D. F. ROBERTSON, A. M., M. D.; A. W. HAMILTON, B. A., M. D.; A. HOPKINS, A. B., M. D.; G. W. POWERS, M. D., C. M.; JAMES MCNEECE, M. D., C. M.; GEO. G. SOMERS, M. D.; J. B. HALL, M. D., C. M.; FREDERICK PARE, M. D.; R. A. D. KING, B. A., M. D., C. M.; E. IVES, M. D., C. M.; L. T. MARCEAU, M. D., C. M.; P. E, PARADIS, M. D., C. M.; W. RUSH CLEVELAND, M. D.