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CANADA

MEDICAL & SURGICAL JOURNAL

Original Communications.

THE LATE RIOTS IN MONTREAL,
VIEWED FROM A PSYCHOLOGICAL STAND-POINT,
BY HENRY HOWARD, M.D., M.R.C.S.,-ENG.,
MEDICAL SUPERINTENDENT OF THE PROVINCIAL LUNATIC ASYLUM.

Read before the Medico-chirurgical Society, of Montreal, Aug. 17, 1877.

MR. PRESIDENT AND GENTLEMEN.—Were I to attempt to enumerate all the advantages to be derived from the study of science, and more particularly from reading the writings of the men of the present day, it would occupy too much of my time, and I am sure it would only weary you. Moreover I am sure you know all the advantages just as well as I do, therefore my task is the easier, that I have to address myself to a body of such scientific men as is the Montreal Medico-Chirurgical Society. To make myself, however, the better understood, there are some results that I must particularly draw your attention to. The study of science enlarges a man's view of men and things, it destroys in him selfishness, and all fanaticism; it takes him, as it were, out of himself, so that he can deal with all questions in a broad and liberal spirit, it makes him also slow to form an opinion, or pronounce judgment till he has well examined the question before him from a metaphysical basis, and then he will only draw his conclusions from logical reasoning, founded upon experience.

This is the course I have adopted, before coming before you this evening to try and explain on psychological grounds the *cause* of the unhappy troubles that have so lately brought disgrace upon our city, and which have left such evil results behind them.

Were the question to be examined from a religious stand-point, the occurrences that took place would be totally incomprehensible to any intelligent man no matter what his religion might be, (an educated Hindoo, for example) from the very fact that all those who were directly or indirectly the cause of all those disturbances, no matter how much they differ in doctrinal points, all call themselves Christians, they all profess that their religion teaches them to offer no insult to any man, to give no man cause of offence or scandal, to love their neighbour, and have charity one towards another; so that from a religious stand-point to the intelligent man, the whole proceeding would be totally incomprehensible, we can well imagine our educated Hindoo, looking upon Christianity, to be a religion whose followers murdered one another for the love of God. And if, Gentlemen, these riots are incomprehensible from a religious stand-point, how much more are they incomprehensible from a national stand-point, seeing that all the actors were of the same nation, a people that, moreover, are always boasting that they are the most civilized, and intelligent people of peoples, the very cream of nations? therefore, gentlemen, upon national grounds, these troubles are incomprehensible. How then are they to be explained? We are, of necessity, forced to fall back upon science to try in some degree, at least, to comprehend why Christian men of the same nation, will murder each other for a sentiment, for that it was sentimentalism on both sides, I am sure every scientific man will admit without any proof from me.

In previous papers read before this Society I endeavoured to establish the fact, that man was naturally the most destructive of all animals, for while other animals destroy that they may live, man destroys for the very pleasure he derives from destroying. Take, for example, the sportsman, who is generally the very best sample of the animal man, and we find whether shoot-

ing or fishing, that he is not content when he kills as many birds or fish as he can take away with him, but he keeps on-killing for the very pleasure it affords him. Well, we must not blame him, he is only acting after his kind; and such a man is generally satisfied to kill animals, birds and fish; he very rarely takes pleasure in killing men. For my own part I admire the jolly sportsman; he is generally a man of both physical and moral courage, a man that will not condescend to mean, petty acts.

Gentlemen, there is a question that suggests itself to us, looking at men from a psychological stand-point, and that question is, is man naturally homicidal? Looking at the history of the past, judging from our every day experience, seeing the homicidal tendencies of the insane, who have no reason to guide them, I am afraid we are forced to the conclusion that man is naturally homicidal. I see no way of avoiding this conclusion except we admit the theory, that there are animals who have all the appearance of men, but are not so in reality, but simply brutes, because they lack the essential qualities of men, in not possessing either intelligence, or an immortal soul. Of course if we were to accept this theory there would be no longer any difficulty in our way, but until science can prove this theory to be correct, we are obliged to look on all that are born of woman, and who have the outer semblance of men, to be men; and this is the only tenable stand-point we possess; we are bound to admit that man is not only the most destructive of all animals, but that he is naturally homicidal, and is only the contrary in virtue of his strong reasoning powers, and the result of his early surroundings and education. In a previous paper read before this society I pointed out to you that whatever a man's nature was, whether good or bad, he was not responsible for it, it was his inheritance. I pointed out the same with respect to his mental organization, that no two persons were alike in this respect no more than they were in their physical appearance, and that no man could think with another man's brains any more than he could breathe with another man's lungs; that consequently, when men came to think like each other it was the result of external circumstances. When then we find men homicidal we know they are

acting according to their nature, not having sufficient strong reasoning powers to overcome their evil tendencies, and in this they bear a close resemblance to the maniac, who through disease as been deprived of his reasoning power, and is merely guided by his instinct, and all the evil propensities with which he has been born come out in full vigour. On the contrary when we find a man not prone to homicide, we find a man of strong reasoning power. A man who is blessed with such a brain, that he can by the force of his will break down his evil propensities.

Now, how are we to diagnose those two classes of men in every-day life. It is not very difficult. The man of weak mind and homicidal tendencies is generally a boasting noisy fellow, trying to conceal his moral cowardice by blustering and bullying. He is the subject of the most extraordinary illusions and delusions, he fancies that every woman who treats him with common politeness is in love with him, in fact that all women are in love with him, that he is a regular "*Don Juan*." Then he labours under the delusion that the majority of mankind are his enemies, that every one is plotting against him, that every one is jealous of him, or of his horse, or his dog, or his cat, that he must be always on the watch to defend himself, that he cannot go out without his revolver, with which he frightens his mother, sister and lady friends by assuring them, playfully, he has it in his pocket, and that he will shoot down the first man that interferes with his rights, or that tries 'by force,' to make him a slave. He talks and blows about rights without having the slightest intelligent idea of what constitutes rights, not even understanding that no man has any rights without corresponding duties. He is a man who is everlastingly thrusting himself into other people's business and giving his opinion unasked. A man who is always rushing into danger, because "God wot," he has not sufficient brains to keep out of it. "Fools rush in where angels fear to tread." These are the true characteristics of your man of homicidal tendencies, who, like an epileptic maniac acting from impulse will not be content until after he has become a homicide. Society should be always on their guard with such men, and

laugh or frown down their foolish pretensions. They are not men that any sensible man can lose his valuable time reasoning with, you had far better go down to the Asylum and reason with the lunatics.

On the other hand, the strong-minded, upright, honourable man who carries a level head upon his shoulders, the man who never means to offend any man, goes his way calmly attending to his daily business without fear or thought of fear, without thinking that any man would dream of insulting him or offering him injury, a man that would most carefully go out of his way to avoid an unseemly quarrel, a man that would be ashamed to be seen within a mile of a street row, a man of peace and a man of "good will;" a man loved and respected by all whose love and respect is worth having.

Our weak-minded men, of homicidal tendencies, in Montreal, appear to become partially insane twice a year, about the 17th of March and the 12th of July. In March a bit of green ribbon sets one half off in a tempest, in July a bit of orange ribbon sets off the other half; at other periods of the year these colours take no particular effect upon them. But you will say what has already been said by many others, that at those periods of the year these men should control their mad impulse; remember I have said that they are men of weak minds, men void of reasoning powers, if they could control themselves they would be, not weak-minded but strong-minded men. Those men cannot help it, they act after their kind, they are what they were born, and their instincts have been intensified instead of modified with their early surroundings and education; moreover their worse passions are stimulated every day by political demagogues and knaves; poor fellows they deserve more pity than censure.

From what I have already said you must at once perceive what conclusion I must come to with regard to the riots in Montreal in the month of July, and which no man can regret more than I do. Looking at it from a psychological stand-point it becomes comprehensive on the assumption that all and every man, that had act or part, directly or indirectly in the proceedings, on either side, except the men of peace, were men of weak intellect,

men of badly balanced brains, men for the time being, at least, void of all reason, men whom, if they ever meet with suffering, will in all probability find their way into a lunatic asylum: men who, although they may be excused because they acted according to their nature, yet are they dangerous to themselves and to all social order, therefore they should be carefully watched over by the intelligent class of society, who should keep them within proper bounds, and make them understand that no more such nonsense would be permitted, that society would have no more of their sentimentalism, in fact, such men should be, as I have already said, frowned down by society.

It is hardly necessary for me, gentlemen, to assure you that in the remarks here made I have meant nothing personal to any man or any body of men; I could not, for even now, I do not know the names of any of the actors, with the exception of those whose names have appeared in the press. Moreover, I would not knowingly or willingly offer insult to any man or body of men in the world, as I should expect that no intelligent man would offer insult to me.

PHLEGMASIA ALBA DOLENS,

By J. D. CLINE, B.A., M.D.,

HOUSE SURGEON, MONTREAL GENERAL HOSPITAL.

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

Phlegmasia alba dolens is an affection of great clinical interest. Though the name is generally understood as meaning an affection of the puerperal state, it applies equally well to the same morbid condition occurring under many other circumstances.

Trousseau speaks of it as always having "as its primary cause, a special alteration of the blood, an alteration which exists in the puerperal state, and many cachexiæ." This change in the blood he says, consists in a "diminution of the red globules, and increase of fibrin and serum," a condition which predisposes the blood to coagulation very readily, if these co-exist with any

cause of retardation of the venous current. This cause of retardation does exist in the case of the cachexiæ, in the lowered vitality and feebleness of circulation.

It occurs frequently in the stoppage of convalescence from many acute diseases, as the specific fevers, and notably after typhoid fever, and is very common in the tuberculous and cancerous cachexiæ. Trousseau attaches special importance to the frequency of its occurrence in the cachexiæ of cancerous disease, and regards it as of great diagnostic value in obscure abdominal affections, accompanied by a cachectic state, "which is not due to the tuberculous cachexiæ or the puerperal state." He speaks thus positively: "In cases in which the absence of any appreciable tumour made me hesitate as to the nature of a disease of the stomach, my doubts were removed, and I knew the disease to be cancerous, when phlegmasia alba dolens appeared in one of the limbs."

I have several times seen phlegmasia dolens occur in typhoid fever, not always as a sequela, but sometimes as a complication of the acute stage of the disease. The following are brief notes of a recent case:

F. G., æt. 30, a stout, strongly-built sailor, was ill in the Montreal General Hospital with typhoid fever. On Nov. 14th, 1876, the 28th day of the fever, I find the following note: "Patient took a sudden sharp pain in the calf of his left leg yesterday. To-day the pain and tenderness extend up the thigh along the course of the femoral vessels. Ordered a hot fomentation to the thigh, and pulv. Dover gr. x at night.

Nov. 15th.—Left leg a little swelled to-day. The large veins in Scarpa's triangle can be felt hard and knotty, and are tender. Pressure here and there on the calf causes a good deal of pain. The superficial veins in the calf are enlarged. Temperature, ranges from 98°, in the morning, to 100° in the evening. I may mention that he had not had a normal evening temperature yet, and this affection of the veins did not appear to alter the course which the fever was running.

19th.—Swelling of the leg going down, and tenderness disappearing.

25th.—Ordered a bandage to the leg, the fomentation being stopped. About this time the patient had retention of urine from a stricture which he had not told us of before, and he has been in the hospital ever since till June 11th of this year, when he was discharged. The left leg still swells when the patient walks. The swelling is unaccompanied by pain.

This had been a mild case of fever.

Another case in which I saw the occurrence of thrombosis of the femoral vein, the right one, I think, in the second week of the fever, was also mild.

In the hospital at Basle 31 cases of thrombi in the veins of the lower extremity occurred among 1743 typhoid fever patients, the majority being men. According to Liebermeister, it has little prognostic significance, usually terminating in recovery. Only two cases out of 31 proved fatal.

The next ten cases of which I have a note occurred in the advanced stage of cachexia, one tuberculous and the other cancerous.

J. F., æt. 35, was admitted into hospital on Dec. 1st, 1876, in an advanced stage of phthisis, having signs of extensive softening of both lungs. He died on January 15th. About two weeks before his death, he one day complained of a severe pain in the calf of the left leg. On examining it I found the calf swollen and tender, and a very tender line over the popliteal vein. On the following day the foot was swollen and oedematous and the calf was more tender with enlargement of the superficial veins. At the autopsy I examined the popliteal region, and found a hard thickened cord in the middle of the space, which was indurated cellular tissue around the vein involving in it the artery. I removed a piece of this indurated cord showing the popliteal vein, and a large branch opening into it both filled with a dense fibrinous plug, and the artery firmly connected with the vein by the dense inflammatory tissue. The fibrinous plug is not adherent to the wall of the veins.

P. H., æt. 28, was admitted into hospital on Oct. 18th, 1876, with a large abdominal tumour, irregular in shape and hard, which was diagnosed as cancerous. He was in a very advanced

cachectic condition. He left the hospital on Nov. 3rd, and died about a week after. While he was in hospital he had thrombosis of the right and left femoral, consecutively, with the usual symptoms, pain, tenderness, hardness, &c. The feet and legs below the knee had been œdematous before. There was no autopsy.

In these three cases which I have reported we have the blood crasis of which Trousseau speaks, with the mechanical retardation of the venous current in the lowered vitality and feeble hearts. We have the same conditions with perhaps a less degree of blood dyscrasia in the following case :

M. N., æt. 50, was admitted into hospital on Feb. 7th, suffering from obstruction of the bowels from fœcal impaction. She was an energetic woman, and had up to time of her illness followed her occupation of nursing, but was pale and had a weak heart, with a rapid feeble pulse. The abdominal symptoms were very severe for several days, and left her greatly prostrated. After all the abdominal symptoms had disappeared she one day complained of pain in the calves of both legs. On examination both feet were found to be œdematous, the calves tender, and the course of the popliteal veins tender. The tenderness in the right leg afterwards extended upwards along the greater part of the femoral vein. There was an elevation of temperature coincident with this affection of the veins. In the course of a week the tenderness disappeared, and the œdema of the feet and legs was becoming less, when an acute inflammation of the kidneys set in accompanied by œdema of both legs, without any tenderness. The patient died in May 19th. There was no autopsy.

The occurrence of the thrombosis, that is the coagulation of the blood in the veins, in such cases as those which I have reported is easily explained by the stasis of the blood which is already prone to coagulation, from its condition of hyperinosis. I am inclined to look upon the mechanical retardation of the blood-current from whatever cause, as a very important factor in the causation of the coagulation. The following is a case in which there was the blood stasis without any apparent indication of a blood crasis which could give the blood a tendency to spontaneous coagulation.

C. L., æt. 38, was admitted into hospital on October 7th, 1876, with a large ovarian tumour. She was a large woman naturally, but her girth at the umbilicus on her admission was 43 inches. The superficial abdominal veins were enlarged, and her legs were œdematous.

Oct. 22nd.—The ovarian tumour was tapped with an aspirator, and very much reduced in size. The fluid rapidly reaccumulated, till, at the end of October, her girth was 40 inches.

Nov. 2nd.—She complained of a severe pain in the calf of the right leg, which was found to be swollen, tense, and tender, with a hard tender cord in the course of the femoral vein, and enlargement of the superficial veins. The thrombosis was accompanied by an elevation of temperature, which up to this time had been normal. The temperature was 101° on the night of November 2nd, and was not again normal till the 7th, on one occasion being as high as 102° . On November 20th, she had a similar affection of the left leg. On the night of the 20th the temperature was 101° and remained high for three days. It had been normal up to this time since the thrombosis of the right femoral vein. After the death of this patient, which occurred on March 15th, 1877, I examined both femoral veins, and found the right one pervious throughout, but the left one, for about two inches before it passed under Poupart's ligament, was divided into two channels by a thin fibrinous partition, both sides of which were perfectly smooth.

This patient was a great unwieldy woman from her natural corpulence, and the presence of an abdominal tumour weighing about 30 lbs. She could with difficulty change her position in bed, and complained of pain in buttocks from lying on them. I should think in this case the coagulation began in the gluteal and other veins of the nates, and from them extended to the femorals. The coagulation being excited by the great pressure on the venous current from the pressure of the tumour.

You will observe that in some of these cases I have drawn attention to an elevation of temperature coincident with the affections of the veins. There was an inflammatory fever, evidently a symptom of the phlebitis, which always occurs to a

greater or less extent as a consequence of the thrombosis. The existence of a phlebitis is also evidence in any case from the excessive tenderness along the veins and the thickening along their walls, and the results of it can be seen in the specimen which I have shown you from the popliteal vein.

This suggests the question of the relation of phlebitis to the affection of which I am speaking. Does phlegmasia alba dolens ever originate in a phlebitis? This question has special reference to the phlegmasia of puerperal cases, which is regarded by some as different from the venous thrombosis of such cases as I have reported, and one of the synonyms of which is crural phlebitis. Of the fact that veins are subject to inflammation there is now no doubt, also that the inflammation is attended with coagulation of the blood in the inflamed part. According to Quinke, in Ziemssen's cyclopaedia, "Very early in the disease (phlebitis) a blood coagulum may form on the diseased part of the venous wall as soon, namely, as the endothelium of the intima has become altered in the slightest degree from its normal; coagulation occurs therefore more readily in the destructive than in the sclerosing form of inflammation"

The following case is, I think, an example of this:

J. C., æt. 30, died at the Montreal General Hospital on April 18th, 1876, of pyæmia, consequent on acute necrosis of the right femur. At the autopsy was found a thrombus in the internal saphenous vein. I quote the description from the autopsy report: "The long internal saphenous vein of the left leg is plugged about the middle with a thrombus. It could be felt internally as a firm cord. On removal and slitting it up the upper part was free though much contracted. At a point corresponding to the middle of the thigh the vessel presents an oval swelling. Internally it is seen to be a decolorized soft mass, occupying the calibre of the vessel. It is soft and closely adherent to the intima." In the same case were found numerous spots of sup-puration in the muscles and spots of pneumonia in the lungs. Now this localized thrombus appears to me to have been the result of a localized pyæmic inflammation of the walls of the

saphenous vein. This was the only place where any phlebitis occurred.

Another fact that is recognised by all pathologists, is the extreme rarity of primary phlebitis, that is, the very slight tendency of the veins to inflame.

Now I would wish to argue that the phlegmasia alba dolens of puerperal cases is essentially the same as that of such cases as I have reported, that is, is primarily thrombosis of the veins, and that the difference which some cases of milk leg present is due to a difference in the degree and extent of the inflammation of the veins which follow the thrombosis. Many milk legs, or perhaps better, puerperal cases of thrombosis, are met with which do not differ at all in essential characters from cases of simple femoral thrombosis. The following case is such a one :

D. C., æt. 23, was admitted into hospital on May 21st, 1877, suffering from cystitis. The patient had left the hospital a week before, having been admitted that time also for the same affection. While in the hospital the first time she was delivered of a seven and a half month's child. On her admission the last time she complained of great bearing-down pains, especially on micturition. On June 2nd, that is 37 days after the birth of the child, her temperature rose to 101° , and she complained of pain in the left groin. By a vaginal examination I found no swelling but tenderness in the left pelvic region. She continued to complain of this pain, till on the 6th of June her complaints became more urgent, the temperature rose to $102\frac{1}{2}^{\circ}$, and she complained of pain in the calf of the leg. The leg was examined and no swelling of the leg or foot was found, but a fulness of the thigh, with enlargement of the superficial veins here, and a hard knotty and tender cord, in the course of the femoral vessels. There was no tenderness in the calf at this time. On the next day the calf was tender and swollen, but not the foot, and the patient complained of numbness of the limb, and on the 9th of June the popliteal vein could be felt hard and tender. It is a strange circumstance that the bladder trouble entirely subsided since this affection of the veins.

June 13th.—To-day the tenderness is much less in the calf,

and over the popliteal veins which can, however, still be felt as hard cords. The swelling of the calf and thigh is much less, and the temperature is normal. I examined the vagina again to-day, and find some hard and tender cords on the left side of the pelvis. The numbness of the limb has disappeared. June 18th, the patient has been ordered her clothes, but is very lame on the left leg. The swelling of the calf and thigh, and the tenderness along the vessels have disappeared.

I think the phlebitis in phlegmasia alba dolens is secondary to thrombosis in the uterine veins, extending from them through the hypogastric to the common or external iliac.

Leishman is of opinion that thrombosis is the primary and an essential element in the production of the symptoms of phlegmasia alba dolens, but he gives an important place to the inflammation of the veins, and thinks that an affection of the lymphatics "is an essential though probably a secondary part of a typical case of phlegmasia dolens." He is of opinion that this is necessary to explain the white elastic swelling which is described, that venous obstruction alone would merely cause œdema. Assuming, with some pathologists, that the lymphatic system forms the channel through which fibrin is introduced into the blood, he thinks, with Dr. Tilbury Fox, that obliteration of the lymphatics would give rise to this elastic swelling on account of the retention of the fibrinous material in the tissues. He also says, however, that this obliteration of the lymphatics has never been demonstrated.

It seems reasonable to me to suppose that the phlebitis would give rise to such an elastic swelling, which would be marked in proportion to the extent of the inflammation of the veins. Certainly in the cases which I have seen there were no signs of an affection of the lymphatics, of an inflammatory character at least.

PATHOLOGICAL REPORT;
GENERAL HOSPITAL, MONTREAL,
For the year ending May 1st, 1877.

BY WILLIAM OSIER, M.D.

(Continued.)

RESPIRATORY SYSTEM—TRACHEA.

CASE LXI.—*Ossification of greater portion of mucous membrane of Trachea.* This curious condition was met with in a case of Addisons' Idiopathic Anæmia. (See *Canada Medical and Surg. Journal, March, 1877.*)

J. A., æt. 53. *Trachea.* Beginning just below the cricoid cartilage, and extending to the bifurcation, the mucous membrane is represented by irregular ossific plates, which towards the front of the tube and near the main bronchi form a continuous bony membrane. The free surface is denuded and very rough, numerous pits and projections alternating with each other. Towards the bronchi the ossified membrane is thicker, and firmly united to the subjacent cartilages.

LUNGS.—*Pneumonia*

Of 14 post mortems in cases of pneumonia the following are of special interest.

CASE X.—*Pneumonia of the upper lobe of the right lung ; extensive meningeal inflammation.*—H. F., æt. 38. In hospital four days. (For clinical report see *Can. Med. & Sur. Jour. Aug. 1876*)

Lungs.—The upper lobe of the right lung, with the exception of the anterior and lower borders, is in a state of red hepatization. The bronchial tubes of the consolidated area are uniformly filled with fibrinous plugs. The other lobes of this and the whole of the left lung are engorged, much blood and serum escaping on section. Scattered over the visceral pleura of both lungs, chiefly at the base, are small, white, firm granules, feeling to the touch like small shot, and looking very much like miliary gran-

ulations. Some of them are flatter, others are situated upon fibroid bases, and on examination they proved to be fibrous out-growths of the pleura.

Brain.—On removal of the dura mater, the longitudinal fissure is seen filled up with yellowish-white lymph, and the Sylvian fissures are in the same condition. A thick layer of lymph exists about the optic nerve, extending over the perforated spaces to the pons, and on either side to the under surface of the temporo-sphenoidal lobes, and posteriorly over the medulla and contiguous portion of the cerebellum. A considerable amount of greenish-yellow lymph exists over the superior convolutions of the frontal lobes, and the same is seen in small quantities upon the parietal convolutions. Upon the left occipital lobe is a thin layer of extravasation. The vessels of the pia mater are moderately full. On section the white substance is glistening and moist. Fornix and septum exceedingly soft. Ventricles contain a moderate amount of fluid, and their walls are soft. Here and there on the course of the vessel, are small extravasations, and the same are noticed along the vessels on the fourth ventricle. No trace of miliary tubercle, found about the vessel or parts of the base.

CASE XV. — *Almost entire hepatization of left lung, with small pneumonic area in right. Extensive diphtheritic Colitis.*

M. S., æt. 22. In hospital days.

Lungs.—With the exception of the apex, the whole of the left lung is solidified and in a state of red hepatization. The visceral pleura is inflamed and covered with a thin layer of lymph, which in the fissures between the lobes is very thick. In the posterior part of the lower lobe of right lung is a patch of hepatization the size of an orange.

Large Intestine.—The mucous membrane of the cœcum is covered over with a thin layer of yellowish, firmly adherent lymph, which can be stripped off, showing a much injected surface beneath. The first foot of the colon presents nothing abnormal, but in the next eighteen inches the mucous membrane is congested and covered with elevated patches of lymph,

many of which are isolated, the majority, however, being united and arranged in a linear direction. The patches are elevated, the isolated ones of the same shape and size as rupia crusts; on section they are seen to extend through the whole thickness of the mucous membrane. Throughout the descending colon and sigmoid flexure these patches occur; in the latter region there is an irregular one, 4" in length.

CASE LXII. — *Diabetes, phthisical cavity in right lung surrounded by hepatized tissue.*

J. W., æt. 26. (Clinical history, *Can. Med & Surg. Journal*, August, 1877.)

Lungs.—Posterior part of upper lobe of right lung is occupied by an irregular cavity, elongated in form, holding about an ounce. The walls are made up of a dirty brown, pasty material, caseous in character. There are no fibroid or other changes about the cavity, but it is surrounded by lung tissue in the first stage of pneumonia. The whole of lower lobe of this lung is solidified, and the lower lobe on the other side is in the same condition.

CASE LXIII.—*Chronic phthisis. Almost entire destruction of both lungs. Healthy portion involved in a pneumonia.*

J. F., æt. 35. In hospital for a long time, caught cold, and died of inflammation of the only sound portion of his lungs.

Lungs.—Right lung, with the exception of anterior half of lower lobe, is a mass of cavities and caseous nodules. The unaffected part is in a condition of red hepatization, a few firm nodules being seen in it. The pleura over it is covered with a thick layer of recent lymph. Left lung almost entirely destroyed by cavities.

CASE LXIV.—*Simple pneumonia of left, pleurisy of right lung. A. G., æt. 22, ill 6 days.*

Lungs.—Three and a half pints of serous fluid in right pleural sac over lower and middle lobe and pleura covered with thick lymph. Both of these lobes collapsed and airless. Anterior two thirds of upper lobe of left lung in condition of red hepatization; the pleura over it not involved in the inflammation; rest of the organ in a state of acute œdema.

CASE LI.—*Pneumonia of right lung, uniform involvement of pleura covering it.*

H. L., æt. 36.

Lungs.—Right uniformly hepatized. The visceral layer of pleura extensively inflamed and covered with a dense layer of yellowish-white lymph, in places fully $\frac{1}{4}$ " in thickness. Left lung much engorged and œdematous. Right lung weighs 3lbs. 6 $\frac{1}{2}$ ounces; left, 1lb. 13 oz.

Remarks.—Throughout the past winter pneumonia prevailed to an unusual extent, and was very fatal, especially to elderly and debilitated persons. Ten fatal cases occurred in the General Hospital, some of which, as above recorded, presented very interesting pathological features. Foremost among these is the case complicated with simple meningitis, a rare, and, from a clinical stand-point, puzzling complication, the pneumonic symptoms being masked by the cerebral phenomena, and rendered liable to be over-looked. It is interesting to note that the pneumonia was of the upper lobe, a situation which when affected appears more liable to be accompanied with brain symptoms, delirium, &c.

The complication of diphtheritic or croupous colitis in pneumonia must be very rare indeed, as I can find no reference to the occurrence of such an affection in any of the writers at my disposal.

Several of the autopsies suggested a practical point of much importance, viz., the propriety of bleeding in certain cases. Thus, for example: A young man, aged 20, full-blooded, died of pneumonia on the 5th day. At the autopsy, right heart and venous system gorged. Left lung uniformly solid, in a condition of red hepatization, its tissue dry, containing but little blood; right lung in a condition of acute œdema, the surface on section bathed with bloody serum. Death most probably resulted from the vain effort of the right heart to send a certain volume of blood through an area of pulmonary capillaries reduced one half by disease; in consequence of which the blood pressure was nearly doubled in the normal capillaries, transudation of serum under the increased lateral pressure took place, and a suffoca-

tive œdema terminated the case. The reduction of the volume of blood by a copious venesection would have restored the natural equilibrium between the circulating fluid and the pulmonary capillaries: just as nature gradually adjusts it in the case of a consumptive, with more than one half of the pulmonary capillaries destroyed.

Gangrene.

CASE XII.—*Phthisical cavities in left lung; gangrene of pulmonary tissue about one of them.*—H. L., æt. 38.

Lungs.—Occupying the middle third of the upper lobe of the left lung behind, is an area of gangrene, the size of a large orange. It is situated immediately beneath the pleura, and was perforated by the finger in the removal of the organ. On section it was found to consist of dark, exceedingly foetid, decomposing lung tissue, which, after pouring on a stream of water, adheres to the vessels and bronchi as irregular shreds. The lung in the immediate neighborhood is consolidated, and several small cavities and caseous nodules are present in the other lobes.

Bronchial tubes contain a very ill-smelling mucus, and the membrane is very dark-coloured.

Phthisis

Of twelve cases, three only are worthy of notice.

CASE XXXVIII.—*Fibroid contraction and induration of entire right lung, cavity at apex. Displacement of heart; hypertrophy with dilatation of right chambers.*—(See *Can. Med. & Surg. Journal*, Feb. 1877.)

CASE LXXXI.—*Chronic Phthisis.*—*Perforation of the lung.*—*Pneumothorax. Dermoid cyst of right ovary.*

J. S., æt 21.—On opening the abdomen the liver is seen to be displaced downwards, the upper border corresponding to the lower margin of the ribs. On penetrating the right pleural sac a considerable amount of air rushed out. 18 ounces of a clear, serous fluid in this cavity.

Lungs.—The left upper lobe is riddled with cavities, the lower lobe is slightly crepitant, and contains numerous caseous and tubercular nodules. Upper and middle lobes of right lung almost airless, except at free border; lower lobe collapsed. No adhesions except at extreme apex. The visceral layer of the pleura of lower lobe is covered with patches of lymph. At the upper part of this lobe behind, about an inch from the root of the lung, and the same distance from the upper lobe, there is a small oval perforation, $2\frac{1}{2}$ " by $1\frac{1}{2}$ ", through which, on pressure, air bubbles. For a couple of lines about the orifice the pleura is pale, beyond this the membrane is injected and covered with recent lymph. The perforation does not lead into a definite cavity, but into a rapidly softening portion of lung, infiltrated with pus and in parts quite diffuent.

CASE LXXXII.—*Chronic Phthisis. Cancer of the vertebræ and ribs.* Reported under Osseous System:

Pleura.

Small fibroid thickenings on visceral layer.—In three instances have localized fibrous outgrowths of the pleura been noticed, resembling very much in size and general appearance miliary tubercles. The first case in which they occurred was the one of pneumonia complicated with meningitis, and the note with reference to them in the *post mortem* book is as follows: "Scattered over the surface of pleura of both lungs, chiefly of lower lobes, are small, white, firm granules, feeling to the touch like small shot, and looking very much like miliary granulations. Some of them, however, are flatter, not granular, and they may be simple fibroid thickenings of the pleura." Such they proved on examination to be. In a case of cancer of the liver they occurred, though not so abundantly on the pleura covering the left lung; and a third time on the pleura of the upper lobe of the left lung in a case of pneumonia. They occur chiefly on the interlobular tissue, sometimes as shot-like elevations on small opacities of the membrane.

They are interesting on account of the resemblance they present to miliary tubercles, so much so, that an experienced

pathologist, seeing them in the first case above referred to, raised a question as to the nature, whether simple or tuberculous, of the meningitis accompanying it.

Inflammation.—Of fifteen cases in which the membrane was affected, thirteen were simple in character, and accompanied with a variable quantity of exudation; the other two were cases of empyema.

In the following cases the effusion was enclosed in pockets, and though for convenience, the chest was tapped, post mortem, the whole of the fluid could not be drawn off.

CASE LXVII.—*Pleurisy: Fatty and fibroid Heart.*—A. B., æt. 63.

Right Pleura.—By tapping about seven pints of clear citron-coloured fluid were withdrawn. On removing the sternum a definite pocket is found from which the fluid had been removed. The upper wall of the cavity is formed of a layer of tenacious lymph. Another smaller pocket exists in the upper and back part of the pleural cavity.

CASE LXXXVIII.—*Suppuration of portal vein. Empyema.*—A. B., æt. 40.

Left Pleura.—About 54 oz. of pus in this cavity. Anteriorly it is contained in two pockets, one the size of a large orange immediately at the apex, the others correspond in position with the third and fourth ribs, just external to the cartilages. This latter pocket communicates by a small round orifice with the general cavity which occupies the lower and whole of the back part of this side. The pus was withdrawn from the latter without affecting in any way the contents of the cavity at the upper part of the sac, and only half emptying the other one.

Hospital Reports.

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

Abscess in shaft of Tibia. Application of Trephine, with relief and recovery.—By G. E. FENWICK. Reported by J. D. CLINE, B.A., M.D., House Surgeon to the Hospital.

C. P., æt. 36, farmer by occupation, was admitted into hospital on the 8th of December, 1876, complaining of lameness and pain, principally nocturnal, in left leg.

Family history good. Has himself always been strong, never suffered from any ill health except that consequent on the disease of the leg. When eight years old he had, evidently from the history which he gives, periostitis of the tibia with suppuration followed by necrosis of the shaft of the bone. Pieces of bone were discharged by sinuses, the depressed cicatrices of which are seen, a couple about the middle of the shaft and one above the internal malleolus. He was confined to bed for two years at this time, when he began to go about on crutches. These sinuses remained open till he was 16 years of age. The bone since that has been, or it has now, much thickened at the middle of the shaft and at its inferior extremity. For the last twenty years he has suffered at times from nocturnal pains in the leg when the skin over the anterior surface of the bone would become red, swollen, and tender, and on two or three occasions the old sinuses have opened and discharged for a short time. Nine months ago the leg became swollen, red and painful, and has remained so ever since, getting worse at times, and causing great suffering at night. Nevertheless, the patient worked all last summer on his farm, procuring sleep at night by tincture of opium, of which he would take 50 to 60 drops four or five times in the night. During this time his general health has been good. His lungs are healthy and urine normal.

From the history of the case, the appearance of the limb, and the pain and tenderness, which was very acute, together with the nightly paroxysms of increased suffering, which was described as of a bursting character, Dr. Fenwick diagnosed

abscess of the shaft of the tibia, for the relief of which he proposed the application of the trephine, and the operation was decided on for the following day.

Dec. 9th.—*Operation*—The patient was put under the influence of chloroform. Esmarch's bandage was applied. Dr. Fenwick made a straight incision, 4 inches long, down to the bone, and exposed the bone freely on each side. The bone was covered with periosteum and smooth except about the middle of the incision where there existed a small projecting nodule. There was no opening in the bone. The small bone trephina, $\frac{3}{4}$ of an inch in diameter, was applied over this nodule. The piece of bone removed was about $\frac{3}{4}$ of an inch thick. As the trephine penetrated a *thin yellowish* fluid welled up. A cavity existed about the size of a pigeon's egg, filled with this kind of *fluid*, extending about one and a half inches below the opening, the upper boundary of the cavity being on a line with the upper edge of the opening.

The cavity was sponged out with a weak solution of carbolic acid, and stuffed with strips of lint saturated with carbolized oil. When the elastic band was removed there was considerable oozing of blood, which soon stopped, one or two points being secured by the catgut ligature.

The patient suffered some pain in the early part of the night, but the pain different in character from that which he had been suffering before. Ordered morphia gr. $\frac{3}{8}$ hypodermically. Temperature 99°.

10th.—Very comfortable. "Feels as if he had a new leg." Morning temperature 98 $\frac{3}{4}$ °. Did not change plugs of lint. Evening temperature 100 $\frac{1}{2}$ °.

11th.—Slept last night without any morphia. No pain. Temperature in morning 100°. In the evening 99 $\frac{3}{4}$ °.

17th.—Ordered clothes and full diet. The cavity is granulating rapidly.

19th.—Dressing changed to red wash, with strips of plaster to bring edges of incision together.

28th.—Discharged. Cavity reduced to size of an almond.

Case of Ununited Fracture of Femur.—Successfully treated by Brainard's Drill.—Under the care of DR. FENWICK. Reported by Mr. D. F. SMITH.

P. McL., æt. 33, farmer, was admitted into hospital March 31st, 1877. He has always been healthy and is of temperate habits. There is no history of syphilis or cachectic taint of any kind. In March, 1876, he was struck by a falling tree and received a simple oblique fracture of the left femur. The fracture was set by a long side splint, with extension made by a perineal band. Union never occurred and the patient went about on crutches till his admission into hospital. On examination it was found that the limb could be flexed in any direction at the seat of the fracture. There was riding of the fragments the upper one riding anteriorly. The ends of the two fragments could be felt anteriorly and posteriorly about $2\frac{1}{2}$ inches apart. There was shortening of the limb of $2\frac{1}{2}$ inches by measurement.

The patient was put under chloroform, and after the adhesions were broken up by forcible flexion and rotation of the limb, it was put up with a long side splint and coaptation splints, extension being made by weights amounting to 14 lbs.

After six weeks the leg was examined, and there was found to be no union. There was a gain in the length of the limb of half an inch.

Dr. Fenwick now contemplated sawing through the bone at seat of fracture subcutaneously by means of Adams' saw for subcutaneous division of the neck of the femur, but allowed the patient to go about for a few weeks before operating. After going about for a while there was found to be a great deal of thickening of the bone about the fracture and considerably less freedom of motion, so that it was determined to use Brainard's drill instead of the saw. The operation of drilling was performed on the 13th of June. The bones were drilled in different directions through an opening on the outer side of the thigh, and the fibrous bands torn up as much as possible. The limb was then immediately put up in a glue bandage. At the end of four

days, when the bandage was perfectly hard the patient was allowed to get out of bed and go about on crutches.

July 13th.—The glue bandage was opened and the leg examined. There was found to be some consolidation, less mobility but not perfect union.

August 1st.—The bandage was removed entirely. The union is firm. There is great thickening of the bone at the seat of fracture for about four inches. The knee-joint is very stiff.

13th.—Patient was discharged. Can bear a great part of his weight on the leg. Can bend the knee-joint very little, not more than 30 degrees. The amount of shortening is two inches.

Excision of Wrist. By Dr. FENWICK. Reported by J. D. CLINE, B.A., M.D., House Surgeon, Montreal General Hospital.

B. B., æt. 37, farmer, was admitted into hospital on the 18th October, 1876. He is a man of large frame, sandy-coloured hair, and florid complexion, born in Ireland. His general health has been good. He has had some of the specific fevers, and been subject to attacks of erysipelas since he was 18 years of age, occurring in the right arm usually; in the head in the last two attacks—the last of which was five years ago. He has been of regular habit; does not drink nor smoke.

Twenty-two years ago he had his right arm jammed between two pieces of timber, inflicting a wound on the back of the hand, extending from the middle of the metacarpal bone of the forefinger to the base of that of the little finger. This wound healed entirely in about a year. He has never been able to flex the thumb since. The hand has continued in this condition, becoming painful only if overworked, till four years ago, when it became painful and swollen over the back of the wrist. Last March an abscess formed, which has been discharging ever since. There are now two sinuses leading to the joint, one on the ulnar side of the joint, and the other on the radial side of the back. There is considerable thickening about the joint.

He can only semiflex the fingers. The articular surfaces which enter into the formation of the joint are all destroyed.

Operation.—Chloroform was used for anæsthesia, and Esmarch's bandage applied. One incision only was used: the radial incision on the dorsal surface, which was made according to Lister's directions. The tendons of the extensor carpi radialis brevior and longior were divided. The soft parts on the radial side, containing the radial artery, were raised as much as possible without any injury to the artery, and then, with bone pliers, the ends of the radius and ulna, all the carpal bones, and the heads of all the metacarpal bones, were removed. It was not found necessary to make an ulnar incision. No ligatures were found necessary. A couple of sutures were put in the lower part of the incision. The wound was stuffed with lint, saturated with carbolized oil, and the arm was supported on a palmar splint, with cork pad for hand, as recommended by Lister.

Oct. 20th.—The dressings were changed twice a day. Temperature this evening, $101\frac{3}{4}^{\circ}$; pulse, 80. Ordered a draught of morphia to-night.

Oct. 22nd.—The stuffing of the wound was omitted. Apply carbolic lotion to wound with lint and guttapercha tissue. Temperature to-night, $100\frac{2}{4}^{\circ}$; after this there was no evening temperature higher than $99\frac{3}{4}^{\circ}$. On the seventh day temperature became normal and continued so.

Oct. 25th.—The wound to be dressed with red wash. Granulating rapidly. Began passive motion of fingers. General condition much improved.

Nov. 7th.—Wound now quite superficial. Removed end of splint as far as metacarpo-phalangeal joints, so as to leave fingers quite free.

Nov. 17th.—An abscess formed on the under surface of the arm, which was freely opened.

Nov. 20th.—Removed splint altogether. Ordered passive motion of fingers and wrist.

Discharged. Wounds on upper and under surface of wrist quite superficial, but not entirely healed.

Reviews and Notices of Books.

The Practitioner's Reference Book,—adapted to the use of the Physician, the Pharmacist and the student. By RICHARD J. DUNGLISON, M. D., 8vo. pp. 341. Philadelphia: Lindsay & Blakiston, 1877.

We have before us a book from the pen of one, whose name, for two generations, is familiar to the medical profession. As the editor of the last edition of his father's dictionary, Dr. Richard Dunglison has bestowed an inestimable benefit on his medical conferees. We are still more under obligations to him for the care that he has bestowed on this last production. The "Practitioner's Reference Book," is a work which should always have its place on the consulting-room table. It should never be out of sight, for in the routine of practice it has hourly to be consulted. It is simply a collection of facts, and facts the knowledge of which is indispensable. The author commences by giving in a few words an account of the various weights and measures used in different countries. Next a set of posological tables for children, extremely carefully compiled, and to the young practitioner, whose experience has been gained in hospital, and whose acquaintance with the minor details of the treatment of the disease of children is scanty, this is of endless value. The part of the work which seems to us to be the most needed and the one to which reference will be most frequently made is that which treats of the doses of subcutaneous injections and enemata.

Of the article entitled "the modern treatment of diseases," we scarcely approve. It partakes, too much of the character of the innumerable class of "cram" books which find so ready a sale among lazy students, those who have not sufficient energy to master some standard work on therapeutics.

Amongst the "selected prescriptions" there are many valuable formulæ which cannot fail to be appreciated by any one who by constant habit has not yet mastered the art of prescribing.

A part of the work with which we think practitioners should

familiarize themselves is that which relates to the hygienic treatment of infants, the principles of disinfection, and the prevention of the spread of infectious diseases. The author's remarks on the dieting of invalids, a simple enough matter in a hospital, but a difficult one in private practice, are very practical and deserve careful attention. The last chapter relates to post-mortem examinations, and the directions given apply to those carried on in private practice. It contains many valuable hints. In conclusion, we must say, that never have we seen a medical work more likely to afford assistance to one commencing private practice, than that which Dr. Dunglison has now given us.

The Practitioner's Hand-book of Treatment of the Principles of Therapeutics By J. MILNER FOTHERGILL, M.D., Member of the Royal College of Physicians of London; Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park; Assistant Physician to the West London Hospital. Philadelphia: HENRY C. LEA, 1877.

After all, the ultimate object of all scientific researches in the departments of Physiology and Pathology ought to be to assist in the establishment of correct laws for diagnosis and correct principles for treatment. It cannot be denied that to know the disease is half (perhaps more than half) the cure, but, at the same time, that physician cannot be said to fulfil his entire duty who rests satisfied with having made a diagnosis and given an opinion. There remains yet to apply to any given case such principles of treatment as have been proved to be rational and scientific—corresponding with advances in the underlying sciences, as well as with new discoveries in the way of drugs and their modes of employment, so the matter of Therapeutics has naturally kept continually extending, changing and enlarging. There is nothing in which medical men are more apt to get into a groove than in the treatment of their patients. It is well, therefore, for every one, occasionally, to take stock of his knowledge of the therapeutic principles of the

day and to see how far his actual practice is brought into line with the medical experience of the time. This is what Dr. Fothergill's book will do for any one. The manner of arrangement seems very satisfactory. There is no dry classing together of various diseases with dogmatic remarks upon the suitable remedies, but the derangement of the different systems of the body are discussed *seriatim* in a general way, the principles governing an attempt at restoring function or removing lesion being abundantly explained and illustrated. The author is very clear, concise and at the same time rarely leaves points unfinished, which one expects to find. In fact, it is a very telling book, many of the chapters being made extremely interesting. There are a few omissions which we are rather surprised to find. One would hardly have supposed that any writer on therapeutics, dated 1877, would be without allusion to the treatment of acute rheumatism by salicylic acid and salicin, yet here we find neither of these drugs so much as mentioned.

We strongly recommend Dr. Fothergill's work to our reader, convinced that they will find much useful reading there, besides having an admirable reference-book for treatment which contains great numbers of suggestive combinations of drugs and well-tried prescriptions.

Transactions of the American Gynæcological Society, Vol. 1.

For the year 1876. 8vo. pp. 396. Boston: published by H. A. Houghton and Company. Cambridge: The Riverside Press, 1877.

We received a copy of this work and find that it is a collection of the papers which were read before the Society at its first meeting, on the 13th, 14th and 15th September, 1876.

It would appear that in May of last year a general invitation was given to a number of medical men interested in the department of obstetrics and gynæcology to meet in the city of New York, on Saturday the 3rd June, 1876, for the purpose of forming a society for the advancement of this special department of the science of medicine. The meeting was quite a

success, a large number of gentlemen were present, and they proceeded to elect their officers for the first annual meeting of the society, which it was determined to hold in New York on the 13th, 14th and 15th September. That meeting was held and real live work was done — work that is worthy of the men composing the society—and as a result the society has issued its first volume of Transactions. This is a very important book, as it gives a concise history of the inauguration of the society, its constitution, by-laws, officers for the year 1876, and lists of Fellows both honorary and ordinary, then follows the minutes of the first annual meeting with the address by the President, Dr. Fordyce Barker.

The title of the first paper, by Dr. T. A. Emmet, is the “Etiology of uterine flexures with the proper mode of treatment indicated.” This appears to be a most valuable contribution; the author has based many of his arguments on the tabulated records of 2447 cases of various diseases and injuries peculiar to women, which he has collected. The author has for many years earnestly observed this class of disease, and has had unusual advantages for observation as surgeon-in-chief to the Women’s Hospital for the ten years previous to 1872. A lively and interesting discussion followed the reading of this paper, and we have recorded the views on this subject of Dr. Peaslee, Dr. Barnes, of London, England, and Dr. White of Buffalo, Dr. Howard of Baltimore, Dr. Isaac E. Taylor of New York, and Dr. Chadwick of Boston.

The next paper is from the pen of A. J. C. Skene, M.D., of Brooklyn, N.Y., the subject being cicatrices of the cervix uteri and vagina. This is a very practical paper, and the particulars of four cases are recorded.

The title of the next paper is “Extirpation of the functionally active ovaries for the remedy of otherwise incurable disease,” by Robert Battey, M. D., Rome, Georgia. In the course of this paper the author reports the particulars of ten cases in which he has extirpated one or both ovaries for the relief of various maladies which he attributes to the improperly performed functions of the parts removed. These cases are certainly most strik-

ing in their history and results, the first of the series especially so. The patient was a young unmarried woman who had a tuberculous lung, had suffered from hæmoptysis which was deemed to be vicarious, inasmuch as she had amenorrhœa, which, by-the-way, is not infrequent in advancing phthisis, but besides all these she suffered at the period when the menses should have shown themselves from headache, suffused countenance, and sometimes convulsions which were epileptiform in character, but presto! her ovaries are cut out and all these symptoms disappear, we suppose the tubercle along with the rest, and she becomes a happy and plump recovery. We shall not criticise any of the other cases. The Doctor was quite fortunate in having but two deaths in ten cases operated upon, and he believes the mortality may be reduced one-half. We should advise the reduction in whole and not in part, as we do not believe this to be a justifiable operation.

Dr. J. Matthews Duncan, of Edinburgh, gives the next article, on central rupture of the Perineum. This a short but practical paper, and embraces the record of four characteristic cases.

The next paper, from the pen of Dr. Edward W. Jenks, of Detroit, Michigan, belongs more strictly to the department of Therapeutics, but was welcomed by the President as of interest for its novelty. It is on *Viburnum Prunifolium*, or black haw, and its uses in the treatment of diseases of women. Dr. Jenks claims for this remedy a power of preventing or lessening the tendency to abortion. The part of the tree used is the bark of the root or bark of the young shrubs, or newly-grown twigs. The former or the bark of the root if procured in proper season being preferable.

Dr. Pharis of Neutonia, Miss., wrote an article on this subject as early as 1866 in the *Atlanta Medical and Surgical Journal*. He designated it a nervine, antispasmodic tonic, astringent and diuretic, but chiefly as valuable in preventing abortion whether habitual or from accidental or criminal drugging. Dr. Jenks bears testimony of the efficacy of this drug in menorrhagia, metrorrhagia, and also dysmenorrhœa, but states that he has no theory

to offer concerning its physiological action. This is a subject which will bear investigation, and we may reasonably hope for further light, as it appears to be in honest hands.

In the next paper, Dr. Parvin, of Indianapolis, reports a peculiar case of vicarious menstruation from the mucous membrane of the mouth, which he noticed in the person of a young girl of sixteen, an inmate of the Indiana Reformatory for women and girls.

The next paper by Dr. Barnes, of London, England, is "on the relations of Pregnancy to general Pathology." This is one of the most interesting papers of the series, and the discussion which follows is of equal interest. Our remarks on this excellent collection of papers have already extended beyond our limited space. We can in conclusion merely mention the names of the other contributors, and the subjects of their papers:—

Dr. Byford gives a paper "on the spontaneous and artificial destruction and expulsion of fibroid tumours of the uterus."

Dr. T. Gaillard Thomas reports a case of successful Laparotomy in extra uterine pregnancy. The perusal of this case, the suggestions offered by the very eminent author and the subsequent discussion, which is fully reported, are full of interest.

Two papers are given by Dr. Henry F. Campbell of Augusta, Ga., one on "Pneumatic self-replacement in dislocations of the gravid uterus." The other on the "origin and history of calculi found in the bladder after the cure of vesico vaginal fistula by operation."—Hydrate of chloral in obstetric practice forms the subject of a paper from the pen of Dr. W. S. Richardson, of Boston, Mass., in this paper the author commends the use of chloral in full doses, to relieve the nausea and vomiting of pregnancy which he claims it will do when other means have failed. He also prescribes chloral in after pains, as an anæsthetic during labour, in puerperal mania, puerperal convulsions, and in insomnia; it is just in these kind of cases that the efficacy of chloral would suggest itself to any practical man.

Dr. Chadwick of Boston, Mass., gives two papers, one on "Labour Complicated with uterine fibroids and placenta.

prævia;" the other on "Rare forms of umbilical hernia in the foetus," this is illustrated by five wood engravings.

There is a paper by Dr. Noeggerath of New York, on what he terms "Latent gonorrhœa, especially with regard to its influence on fertility in women." This is a peculiarly interesting paper, and although we are not prepared to endorse all the views advanced nor yet the conclusions arrived at, yet we believe from what we have ourselves seen that many of the statements are literally true. We could mention several instances which have come under our own notice in which men have married, after recovery, as they supposed, from a gleet discharge, and in all a chronic endo-metritis, or endo-cervicitis has been communicated to their wives, which after months or years of suffering has at length fallen under the observation of the surgeon. In all these cases sterility resulted, and in some much deeper mischief terminating in alteration of the parts implicated.

Several other papers are given and the names of Dr. Wiltshire, Dr. Goodell, Mr. Lawson Tait, Dr. G. H. Bixby and Dr. E. R. Peaslee appear as contributors. The volume closes with a memorial notice of the late Dr. Gustav Simon, from the pen of Dr. Paul F. Mundé, Editor of the American obstetrical journal; this is accompanied with a steel engraving of the deceased.

The typographical execution of the work is superexcellent on full toned paper of superior quality which we have heard was prepared expressly for the purpose.

There is one suggestion we would make, regarding the general get up of the book. It is neatly bound in cloth, but pasted on the back is the title printed on paper. This is a matter of very little consequence, but it looks odd, more especially when it is found that the upper part of the book is gilt-edged. We think it would improve the appearance if the title were printed on the back in the customary gold letters.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Quantitative determination of Sugar in Blood.—A new method. Abstract of a paper read before the Royal Society. By F. W. PAVY, M.D., F.R.S.

Dr. Pavy read a paper on Thursday, the 14th June, before the Royal Society, in which he described minutely his new method for the quantitative determination of glucose, and its applications to physiological relations of sugar in the animal system. The accurate results which Dr. Pavy has succeeded in obtaining by means of his new gravimetric process of analysis, and the importance of the subject itself, is such as will tend to advance materially our knowledge, and hence will substantiate and extend the position with regard to the treatment and pathology of diabetes.

The paper consists chiefly of a description of the method which the author adopted for accurately ascertaining the amount of sugar in the blood of animals, and forms the prelude to one which was read on Thursday, the 21st June, in which Dr. Pavy gave the results obtained by the application of his method as follows :

1. The natural state of the blood.
2. The comparative state of arterial and venous blood.
3. The spontaneous change ensuing in blood after its removal from the system.

Before describing his own gravimetric system Dr. Pavy proceeded to criticise Bernard's new volumetric process, which has been described fully in recent issues of the *Comptes Rendus*. This method the author proved to be not only devoid of precision as a quantitative analytical process, but was in itself calculated to give rise to fallacious results, inasmuch as keeping the suboxide of copper dissolved by means of organic matter was fundamentally wrong. The entire system was based on errors, and the results were necessarily incorrect; two of these errors the

the author dealt with somewhat in detail. The first was in the assumption that the volume of trial liquid corresponds in c.c. with four-fifths of their weights in grammes of the mixture of sulphate of soda and blood. In practice it was found that the actual relation between the volume of liquid obtained and the weight of the mixture employed must vary in each individual case, according to the solid matter existing in the particular specimen of blood and the loss of liquid by evaporation during the separation of the coagulum by heat. The other error in Bernard's method arose from the influence which organic matter exerted in preventing the deposition of suboxide. The large addition of potash which is employed in this process, viz., from 20 to 25 cubic centimetres of a concentrated solution to one c.c. of the copper test, acts upon some one or other of the organic principles left in the liquid obtained from the blood, and prevents the deposition of a suboxide of copper.

The author then proceeded to describe his own new gravimetric process, in which he adopts the use of a galvanic battery for affecting the deposition of copper which has been reduced by the sugar in a form to be susceptible of weighing. The details of this method are, shortly, as follows:—

A certain volume of blood—about 20 c.c. forms a convenient quantity—is taken for analysis, and first mixed with 40 grammes of the sulphate of soda, the whole must be subjected to weighing in detail, so that the precise weight of the blood taken may be known. To this mixture, contained in a beaker of about 200 c.c. capacity, about 30 c.c. of hot concentrated solution of sulphate of soda are added, and the whole contents heated until a coagulum is formed.

Filtration is then performed, and the coagulum is thoroughly washed so that all traces of sugar may be removed. The liquid thus obtained, from having been run and squeezed through muslin, is slightly turbid, and must be boiled again and filtered through paper to render it perfectly clear. It is now ready for the application of the copper test. Being brought to a state of ebullition about 10 c.c. of the potassio tartrate of copper solution, or sufficient to secure that the test liquid is left in excess, are

added, and brisk boiling continued for a minute, but not longer. In this way a reduction of the oxide to the suboxide of copper is effected by the action of the sugar present in the solution.

The liquid is then filtered through a plug of asbestos, or what is better, glass wool. The suboxide having been collected and washed from excess of the copper test liquid is next dissolved by a few drops of nitric acid, a small quantity of peroxide of hydrogen having been previously added in order to effect oxidation and consequent ready solution.

The copper present in the liquid is now deposited by the agency of galvanism. The positive pole of the battery is formed by a platinum spiral coil around which and forming the negative pole is a cylinder of platinum foil; upon this the copper is slowly deposited in a pure metallic form. This operation is continued until the appropriate test shows that the whole of the copper has been thrown down. The period ordinarily required to effect this does not exceed 24 hours.

The platinum cylinder is next removed, and instantly plunged first into distilled water, and then into alcohol. After drying in a water oven it is ready for weighing; the difference in the weight of the cylinder before and after the operation gives the amount of copper deposited.

The battery used is a modification of Fuller's mercury bichromate battery, and has been selected on account of the constancy of its action.

From the amount of copper deposited, that of the sugar existing in the blood analysed may be accurately calculated. Five atoms of the cupric oxide of the test solution are reduced by one atom of glucose, it follows that 317 parts of copper represent the equivalent of one part of glucose, or the relation stands as 1 of copper to 0.5678 of glucose. Therefore to ascertain the amount of sugar the weight of the copper has to be multiplied by 0.5678. This application of the copper test solution yields a gravimetric instead of a volumetric process of analysis, and one which has no uncertainty belonging to it. There is nothing for the mind to decide, and no opportunity for error of judgment, as may be the case to a slight extent where a gradual fading of

colour—as in the volumetric process—has to be watched until the attainment of the proper point of decoloration has been effected.

The accuracy and reliability of the foregoing process is strongly supported by the uniformity of the results obtained from a large number of experiments. Compared with the results yielded by this gravimetric process, those obtained by Bernard present the greatest discordancy. The figures he gives are invariably too high, and there is no intelligible relation in the difference noticeable, suggesting that there is something radically wrong in taking decoloration without precipitation of suboxide as a means of estimating the amount of sugar. Dr. Pavy supports this assertion by the conclusions derived from a number of experiments.

Treatment of Diphtheria by saturated solution of Chlorate of Potash.—

Dr. A. Seeligmuller of Halle, on Saale, Prussia, strongly recommends the use of saturated solutions of chlorate of potash in diphtheria. He tells us that in the year 1868, an epidemic carried off 25 children in a quarter comprising only a third of the town of Halle (18,000 inhabitants), not including those which were treated by private practitioners. His formula is as follows :

Solution: of chlorate of potash, 10 parts to 200 of water, One half ounce to an ounce every hour.

All such modes of treatment as the application of gargles, ointments, scrapings and cauterizations of false membranes he strongly denounces. The patient should take the chlorate of potash solution as long as there are yet traces of false membranes; at the outset of the disease every hour, and later on every two or three hours. To children over three years a tablespoonful, and to those under that age half a tablespoonful, should be given every hour day and night. Nothing should be added to the solution. No liquids should be taken for some time after the dose, in case the effect of it might be neutralized.

When the patient is old enough to gargle, M. Seeligmuller

uses his saturated solution as a gargle, and also washes out the mouth pharynx and nose, but he lays the greatest stress on its internal administration.

The first effect is to cause the disappearance of the foetor of the breath, at the same time the false membranes visibly diminish in extent; then the ulcerated surfaces, covered with white pus, rapidly become clean, so that soon a surface covered with healthy granulations replaces it. The restoration of the general health is the most wonderful part of its action.

With regard to its action the author believes that its effect on the system is produced within twelve hours after its administration. Its action is both local and general.

Locally, it acts as a light caustic, and aids in detaching the patches of false membrane by the increase of the secretion of mucous glands. As to its general action he advances this theory. Assuming Bollinger (of Munich) to be correct in stating that the noxious action of bacteria is due to their depriving the system of oxygen by reason of their great affinity for that gas, in diphtheria there are similar organisms at work which must effect the deprivation of oxygen from the red corpuscles. Now Mr. Bing has proved that chlorate of potash is reduced by animal fluids, as pus. Therefore when we introduce a large quantity of chlorate potash into the system, we replace the oxygen of which the red corpuscles have been deprived. On this theory we can understand its inefficient action in small doses, and in weak solutions.

Chlorate of potash given in such quantity as Mr. Seelingmuller advocates has two dangerous actions, the one on the heart, the other on the digestive apparatus. With regard to the heart it is difficult to separate its effect from that of diphtheria itself, nevertheless he believes that chlorate of potash has a weakening influence on the action of the heart, and his impression has been verified by experiment on dogs.

As to the action on the digestive system, it tends to increase any gastric catarrh existing, as well as to give rise to anorexia. In these cases the administration of the remedy may be temporarily suspended.

Epithelioma of the Tongue. — Treatment of Synovial Cysts of the palm of the hand. Clinical Lecture by M. PEAN at the Hôpital St. Louis. — The patient, on whom we are about to operate is a man *æt.* 51, sent to me by Dr. Ricord. His desire is to get rid of his trouble, and I yield to it with pleasure, since the diagnosis is beyond a doubt, and because, as I will presently show you, there is great benefit in operating in these cases as soon as possible.

We have to deal with an epithelioma of the tongue, of easy recognition. We find a depression of the mucous and submucous tissues, an ulcerated surface and fungus growth, all lesions characteristic of epithelioma.

If, in this case we have no difficulty in recognizing this disease, this is far from being always the case, more especially at the outset of the affection.

Epithelioma is more likely to attack the sides of the tongue, the seat of election of those ulcers so frequently caused by carious or broken teeth.

A gummy tumour of the tongue does not present so circumscribed an outline as epithelioma, it seems to loose itself little by little in the surrounding textures; and it has a violet tint. The question can be fully settled by the exhibition of iodide of potassium.

Since there is an absolute necessity of operating as soon as possible, I will bring under your notice certain points in the clinical history of epithelioma which ought always to be remembered.

Now in our patient, in spite of the extent of the disease, we find that the glands of the neck are unaffected.

It must be understood that the extension to the glands of the neck has no relation with the extent of the disease. Thus I have brought to you a patient affected with a general epithelioma of the whole tongue, who has no glandular complication, whatever. Parallel cases are not uncommon. On the other hand it is no uncommon thing to see a small tumour give rise to glandular induration.

As a practical conclusion, you must remember that your-

interference should not be influenced by the size of the tumour. You should operate as soon as your diagnosis is complete.

Moreover, you will still see cases where an epithelioma, situated, for example, on the right side of the tongue produces its effect on the glands of the left side, and you must not on this fact establish a false security. It is a fact difficult of clinical explanation, although anatomy teaches us the anastomoses which exist between the lymphatic vessels of the two sides of the tongue. Another fact which should influence you in operating early, is the difficulty you will find in extirpating degenerated glands in the neck, which are sometimes adherent to the great vessels of that region.

In a general way epithelioma of the tongue is particularly malignant, a fact clinically true, but not easy of explanation. You see, on the contrary parts, the penis, for example, where the growth remains stationary for a long time, and seems a local affection.

Moreover, if having removed the bulk of the tumour, and also, a part of the neighboring tissues, you have no recurrence in the original seat of disease, there is great likelihood of its occurring in the glands of the neck.

With regard to the operation in itself, it is not so difficult if the growth be of limited extent, but it is another matter when the disease has involved a great part or the whole of the organ. Here the difficulty of operation is very great. Above all things the loss of blood is to be avoided. In this purpose the compression of the carotid or lingual arteries has been recommended. The use of the *écraseur* does not exempt one from this great drawback to the operation.

You know, that in this region one cannot use ligatures without the risk of secondary hæmorrhages. I will have recourse, in this case to preventive hæmostasis, by means of my "pincés hæmostatiques," of larger size. The mouth having been previously kept open by a suitable instrument, I am in the habit of surrounding the growth with these forceps. In a small tumour nothing is easier. Three forceps are required: two, at a right angle to separate the mouth, the third is applied to the ranine artery.

These forceps ought to be applied in such a way as to separate the diseased part, below its apparent limits, so as to be sure of the removal of all affected tissue. The bistoury or thermo-cautery has only to run along the forceps, which plays the part of a director.

When the tumour is of great extent the difficulty is of course greater. I follow the same plan, but I affect the removal piece by piece, each time separating a portion of the tumour by fresh forceps. In that way hæmorrhage can be avoided, with far greater certainty than with ligatures. We will use in this operation the thermo-cautery of Dr. Paguelin.

Lastly, I do not wait for the patient to be completely anæsthetized. It is of advantage in operations about this region to allow the patient the power to eject the blood which trickles into the air passages. To obviate completely this last accident, a sponge mounted on a long pair of forceps should be introduced just to the pharynx, it absolutely prevents the escape of the blood.—*La France Médicale.*

Treatment of Synovial Cysts of the palm of the hand.—We have here to-day, a young girl a victim to Pott's disease with psoas abscess, who has come to seek surgical assistance for one of those cysts of the palm of the hand, which contains rice like granules, as is shown by the crepitation peculiar to those productions. The ill-success of medical treatment, and the danger of certain operations, authorize the surgeon to refuse to interfere, if the patient should not insist on operation.

It has been suggested to puncture these cysts and to inject iodine, but under such circumstances, suppuration of the cyst is almost inevitable. Some surgeons make an incision of greater or less length, in order to rid them of their contents. Now the inflammation of the synovial membrane which surrounds important tendons, and suppuration which is the direct result of it, brings on cicatricial retractions.

In this patient I am going to practise a subcutaneous incision of the cysts, and having emptied it of its contents a layer of

collodion will be applied, and by means of pads of lint and a proper bandage, a steady compression will be established. Should we not effect a cure by this treatment, we will make a free incision, and empty completely the cyst contents, and avoid the dangers of this operation by the "wadding" dressing. It is one of those cases where this plan of dressing shows its very great utility. Already by following this plan several surgeons have obtained such success as to guarantee the radical cure of this affection.—*Movement Médical*, June 30th, 1877-

Salicylic Acid and the Salicylates.—

Observations of M. GERMAIN SEE.

Continued Fevers and Infectious Diseases.—Results unsatisfactory. Reiss, of Berlin, gave salicylate of soda to 260 typhus fever patients. The temperature was lowered to the extent of one or two degrees (*c*), but the percentage of mortality was not reduced. Similar results have been observed at other continental clinics.

Acute Rheumatism.—The effects of salicylic acid and salicylate of soda may be thus summarized. I. Cessation of pain always takes place, usually in 12 to 18 hours. II. The articular effusion disappears at a period varying from one to three days, but never before the pain. Swelling goes down as the effusion disappears, and with much greater rapidity if the peri-articular structures be alone involved. III. Motion becomes easy after the third day. M. See has seen patients whose lower extremities were attacked, get out of their beds in two or three days. IV. Fever ceases, but never before the pain.

Complications of Rheumatism.—Salicylic medication has no effect in modifying the attacks of endocarditis, pericarditis, &c., to which the rheumatic patient is subject. When employed early in the disease he thinks it can save the serous membranes.

Acute Muscular Rheumatism.—A case is cited where recovery took place in ten days. It has also been used with advantage in lumbago.

Chronic Rheumatismal Affections.—Paroxysmal Rheumatism is

said to be cured immediately, and a like success is met with in simple cases of chronic rheumatism. In nodose arthritis the character of the disease is modified and finally cessation of pain takes place.

Gout.—M. Sée states that he has observed prompt disappearance of pain, and diminution of joint-swelling, in short that an attack of acute gout can be completely recovered from in 48 hours. M. Sée was himself surprised at their bringing about the resolution of articular enlargements of very old standing sometimes even the complete disappearance of gout stones, and restoration of motion in joints which for months and even years had been gouty and almost ankylosed. M. Sée brings forward proof of their beneficial results in gravel, facial neuralgia and painful affections of the spine.—(Condensed from the minutes of the meeting of the Academy of Medicine, Paris, July 3rd, 1877.).

In the *Gazette Hebdomadaire, MS.*, there is an interesting account of the mode of dressing stumps, known in France as the "Bordeaux method."

According to M. Azarre, who is the exponent of this plan, there are three principal points in the treatment: deep drainage, deep suture, and sufficient suture. Take, for example, an amputation of thigh, with equal or nearly equal flaps. Oozing having ceased a large drainage tube is placed in the bottom of the wound, behind the bone, and fixed there by being tied in a knot over the limb. Then the flaps are united at their bases by a deep suture of double silver wire twisted over a piece of gum catheter, in such a way that by untwisting the wire the tension of the suture can be relieved. This deep suture is placed one inch and a half or an inch and three-quarters from the edge of the cut, and is composed of two or three points of suture, according to the thickness of the limb. The next step consists in the perfect adaptation of the skin by means of a twisted suture, applied with the greatest nicety as a plastic operation and strengthened, according to the plan of M. Demice, by pieces of charpie soaked in collodion.

The dressing is completed by the application of wadding over all the wound except at the opening for the drainage tubes, where a plug of charpie is put to collect the pus and serum.

On the second or third day the suture needles are removed from the twisted surface, and the deep sutures are loosened. Three to five dressings at intervals of three to four days are quite sufficient to obtain union within 10 to 20 days. M. Azarre cites a case of amputation of thigh united in ten and one of leg in 11 days. The following statistics are brought forward in support of this treatment.

AMPUTATIONS.	NO. OF CASES.	DEATHS.
Of Thigh..... 30 5
Of Leg..... 33 3
Other Amput..139 4

The author considers that there is no novelty in the so-called "Bordeaux plan." In fact it is what many of the older surgeons practised. The idea of the association of drainage with suture seems to be borrowed from Lister, to which proceeding a greater part of the Edinburgh surgeon's success, the writer attributes. —*Gazette Hebdomadaire de Médecine et de Chirurgie*, 25th May, 1877.

The Percussion of Bones.—Percussion of bones is employed, either to find out the painful point in bones or to diagnose, by the character of the note produced, the pathological changes that have taken place in the bone. Lucke says he has made use of percussion only in the long bones, and has arrived at the following results: The epiphysis gives a higher note than the diaphysis. The corresponding bones of each side give out the same note. Freshly united fractures give out a deeper note. Chronic central osteitis gives a deeper note than normal. In a case of chronic gonitis the diaphysis of the affected tibia, which was porous, gave out a much higher note than the opposite healthy one. The percussion had better be performed with the extremities hanging, and in the lower extremities not touching the ground.—(Prof. Lucke, quoted in *Schmidt's Jahrtüch*e, Bd. 173, No. 7, 1877.)

CANADA

Medical and Surgical Journal.

MONTREAL, SEPTEMBER, 1877.

CANADA MEDICAL ASSOCIATION.

The annual meeting of the Canada Medical Association will be held in this city, on Wednesday, the 12th September next, and so far it is the intention to hold the meeting in the new building of the Windsor Hotel, situated on Dominion Square. We hope to see a large and influential gathering. The work cut out for the meeting is very considerable. Up to the time of going to press, twenty-five to thirty papers have been promised on various subjects, besides which we will have the president's address. We presume this will be of a general character, as it is not to be expected that the president will take the wind out of the sails of the various chairmen of committees, who come with their reports on the different branches of medical science. It is quite possible that many other papers will be forthcoming, besides those which we are enabled to announce through the courtesy of the general secretary, Dr. David. The committee of arrangements are at work, and we trust that everything will be prepared to render the meeting a success in every particular. There is one point that we had hoped to be able to announce: that the Association would be pecuniarily capable of publishing a volume of transactions. On a former occasion, when the Association met in our city, the profession subscribed largely for the entertainment of their guests. After all expenses had been paid there remained a surplus in cash, which was presented to the charitable institutions of our city.

We would suggest that, should this occur on the present occasion, it be thrown into the common fund for the express purpose of aiding in the publication of a volume of transactions. It would give encouragement to real workers in the field of research, as it is somewhat disheartening to devote time in the preparation of papers, many of them of great merit, without a chance of their appearing, except in the columns of some local paper, whose circulation is limited. We think that reasonably the subscription of members might be increased. This tax would be borne with cheerfulness if a return in the shape of a volume of transactions was to be ensured. Any undertaking of this nature would be attended with considerable outlay, but the general good to be derived therefrom would be quite equal to the comparative trifling addition to each man's subscription. All members of the profession in good standing are eligible to election as members of the Association, and we trust that their number will greatly increase at this meeting. We give below the circular of the Secretary of the Association, which we believe has been very generally distributed.

CANADA MEDICAL ASSOCIATION.

New building of the Windsor Hotel, Wednesday, 12th September, 10 a.m.

The following papers will be read:—

The President's address.

Crime and Insanity, by Dr. Joseph Workman, Toronto.

Ovariectomy, by Dr. Rosebrugh, Hamilton.

Vital Statistics, by Dr. A. B. Larocque, Montreal.

Pernicious Anæmia, by Drs. Osler & Bell, Montreal.

Vesico-Vaginal Fistula, by Dr. Trenholme, Montreal.

Addison's Disease, by Dr. Geo. Ross, Montreal.

On large doses of acetate of lead in post-partum and other hæmorrhages,
by Dr. J. Workman, Toronto.

Gastrotomy and Ovariectomy, by Dr. E. Robillard, Montreal.

Treatment of Empyema, by Dr. Fulton, Toronto.

Tricuspid Stenosis, by Dr. R. P. Howard, Montreal.

Embolism of Central Artery of Retina, by Dr. Buller, Montreal.

Excision of knee, by Dr. Fenwick, Montreal.

Epithelioma of Eye-lid, by Dr. Alt, Toronto.

Nasal Polypus, by Dr. Reeve, Toronto.

Treatment of Wounds, by Dr. Canniff, Toronto.

And reports from the chairmen of the following committees :

On Surgery, Dr. Richardson, Toronto.

On Obstetrics, Dr. Ross, Toronto.

On Medicine, Dr. George Ross, Montreal.

On Medical Literature, Dr. Howard, Montreal.

On Climatology, Dr. Marsden, Quebec.

On Therapeutics, new remedies, &c., Dr. Fulton, Toronto.

On Necrology, Dr. Osler, Montreal.

Gentlemen intending to read Papers will oblige by at once notifying the general secretary, mentioning the titles thereof, in order that they may be added to the list.

A. H. DAVID, M.D. Ed., general secretary, Canada Medical Association.

We published in our March number an interesting and from a medico-legal stand-point a very important case of Rupture of the Vagina during coïtus. The woman was a patient under Dr. Ross, in the General Hospital, and was seen by several other members of the staff. Although we have every reason to regard the case as reliable in all particulars, yet it is evidently looked upon as apocryphal by some of our contemporaries. Says *L'année Médicale* (de Caen) in copying the report: "We have read of the classical adventure of the American who had fractured his penis the night of his marriage—we now present the companion-picture, strange to say, from America also," and continues, "we can only wonder at the extraordinary vigor of that old man and the bad use he made of it." Thus any statement at all beyond the common, coming from a Canadian source is branded as *American*, and then treated suspiciously as regards its truthfulness—or, as our American cousins themselves would say, *discounted* pretty largely.

CORONER'S INQUESTS.

We have again and again alluded to the slipshod manner in which coroner's inquests are conducted in this Province. It matters very little indeed in the majority of cases how these inquiries are conducted. The Coroner has considerable discre-

tionary power, and he can, if he thinks fit, hold an inquest, or he can refuse to do so as unnecessary. We make this assertion, as we believe the Coroner occupies the position of judge and counsel in his own court, and he can enter a *nolle prosequi* if he thinks proper. Whether this is the true position or not, practically it is the position assumed on certain occasions by the Coroner of this District.

In the recent case of Emily Burns, who died in the Montreal General Hospital under suspicious circumstances, a few hours after her admission to that institution, it would appear that no attempt was made to clear up the case as to the cause of death. The inquest terminated in an open verdict. After a few minutes deliberation, the jury found that death had proceeded from acute nervous prostration. Dr. Cline, House Surgeon to the Montreal General Hospital, after describing the symptoms which he had observed during life, proceeded to state the results of the post-mortem examination, which he had made in conjunction with Dr. David, which is reported as follows:—

“ We examined all the organs of the body, and found no apparent natural cause for death in any of them. We found a fœtus of five or six weeks. I find no positive evidence of poison; the organs did not indicate that poison had been taken. There are a great many vegetable poisons which, given in very small portions, act upon the nervous system principally, and of which no traces could be found after death. Aconite is a very deadly poison; it is said a drachm of the tincture, which is the form in which it is used, is sufficient to cause death. The bottle produced would contain four drachms. Aconite is used as an external application.”

Now it strikes us that this report, if correct, is very ambiguous, and that the coroner and jury are not to blame in not proceeding further in the investigation. The physicians, because Dr. David corroborated Dr. Cline's evidence, assert that the unfortunate girl did not die from natural causes; but that there was no positive evidence of poisoning. The organs did not indicate that poison had been taken, but they go on to state, that there are many vegetable poisons which, given in very small portions, act upon the nervous system principally, and of which no traces could be found after death. With such evidence before it, the court had no other conclusion to arrive

at than that the case was clothed in mystery, and that any further investigation would be loss of time and unwarrantable expenditure of public money.

Of course these remarks are based on the report of the inquest which has appeared in the public press, and which we are bound to receive as correct, since no contradiction has followed; although we are aware that certain papers published in this city do not scruple to alter the phraseology and meaning of reports which they receive, and all to suit their own convenience.

THE LATE RIOTS OF MONTREAL.

We publish in this number of the JOURNAL a very interesting article from the pen of Dr. Henry Howard, Medical Superintendent of the Provincial Lunatic Asylum at Longue Pointe, entitled "The late riots of Montreal viewed from a psychological stand-point." We trust the tone of this article will do some good, and that it will tend to allay the irritation which without doubt exists in our community, as well as throughout the country.

Nothing will go further to make a man pause and consider the character of his actions, and induce him to alter his tactics, than the realization that his acts are those of a weak-minded person, or of an insane person. We were much impressed with the gist of Dr. Howard's line of argument, and we do think that if the authorities were to send all *violent* agitators, it matters not whether political or religious, to be taken care of in a lunatic asylum, it would be highly beneficial, and in all likelihood save many valuable lives.

This ought to be an age in which cool deliberate discussion should be permitted on all subjects, and men ought to be sufficiently humanized to be able to face one another in a manly stand-up fight, using only the weapons that nature has bestowed, and let them remember that the tongue is the most harmless and yet the most powerful weapon they possess.