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Original Communications.

OLD TREATMENTS REVIVED.

BY R. L. MACDONNELL, B.A., M.D., M.R.C.S.

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(Read before the McGill Medical Society.)*

Mr. President and Gentlemen,—It is, I believe, the fashion for the student and practitioner of the present day to suppose that all the treatment we have in use to-day is modern, dates with the century, and that our grandfathers and great-grandfathers knew little or nothing, their treatment was ridiculous, and their diagnosis and prognosis uncertain. As for diagnosis, without a uterine speculum (really an ancient instrument), no sound, no thermometer but the naked hand, no rhinoscope, no laryngoscope, no stethoscope, in fact with nothing whatever in the shape of a 'scope or an 'ometer, how could they make head or tail of disease when they came across it? There was one faculty cultivated in those days which to-day is very much neglected, that of the observation of the sick. The temperament, the physiognomy, the decubitus are left now entirely out of the clinical record, while the paper is filled with notes of temperature, of amount of urea, &c. This difference between now and then struck me forcibly when comparing a number of clinical reports in my possession, made by some of the senior members of this faculty at a time when they were students. Take as an example the physiognomy in pneumonia: Do we

take as great care now to note the malar prominences, the herpes, and the other outward and visible signs of this disease which in some cases is so easy, in others so hard of diagnosis?

One cannot help wondering while reading the aphorisms of Hippocrates how such a collection of truths, truths verified by the experience of centuries, could be arrived at, at a time when the observers had none of our modern instruments to guide them; not even a knowledge of anatomy, or an inkling of the key-stone of physiology—the circulation of the blood. We are too fond of thinking that nothing was known of the diseases of the lungs until the invention of auscultation; yet a careful study of these aphorisms will enable a practitioner to make a good prognosis. I wish to deal, however, this evening with various plans of treatment, some of which I was myself mistaken in supposing them to be of recent origin.

Apart from general considerations, is there not much so-called modern practice of very ancient origin, and are there not in many new practices, old ones dressed up in modern garb? Let us begin with the plan of puncturing the testicle in acute orchitis. Many are under the impression, that the procedure which is, by-the-by, one of very doubtful utility and not free from danger, was originally brought before the notice of the profession by Mr. Henry Smith, of St. Bartholomew's Hospital, but the revival of this plan is the work of M. Vidal de Cassis, Surgeon to the Venereal Hospital in Paris. In the American translation of his treatises "On Venereal Diseases," (1854) he strongly urges puncture of the testicle in cases where the pain is very intense. "I puncture the tunica albuginea with a lancet or sharp-pointed bistoury,

*The McGill Medical Society is composed of students. Meetings are held fortnightly during the winter, and weekly during the summer session, for the reading of papers and the exhibition of pathological specimens.

the opening being little more than half-an-inch in extent. This operation is attended with no more pain than that of puncturing the tunica vaginalis. Its safety is established beyond a doubt. I have operated upon more than 400 patients in private practice and at the "Hôpital du Midi." M. Vidal thought that subsequent atrophy was almost an impossibility after this operation. The operation is, however, much older than M. Vidal, or any surgeon of this century.

Another method of treatment one might say unknown, at all events, neglected, except by a few, is acupuncture. That in lumbago, pain is relieved by this proceeding is almost beyond a doubt. Is it not by this process for which, to be sure, we have no scientific *rationale*, that pain in orchitis is relieved, and in those cases where relief has been given by hypodermic injections of water, did not the puncture effect a part of the relief given?

"I have treated a large number of such cases (lumbago) by acupuncture and find that it gives almost instantaneous relief." This is Dr. Ringer's statement.

Acupuncture is a remedial agent which had its day, experienced ups and downs, and seems to-day likely to recover its old place in the estimation of the profession. Its history may perhaps interest you. We are told by Dr. Elliotson, in his essay on this subject, in the *Encyclopædia of Practical Medicine*, that it is of very ancient origin; that the Chinese resorted to it from time immemorial, its use being founded on the principles of the old humoral pathology. The puncture, they thought, allowed the vapours to escape.

Zen Ryne, an officer of the East India Company, first brought to Europe an account of this treatment; publishing, in 1693, his "*Disertatio de Arthritide, de Acupuncturax*," &c. He, as well as Kœmpfer, a medical attaché to the Dutch Ambassador to Japan in 1691, reports that a needle is introduced into the belly in cases of colic, and allied conditions. The orientals did not limit this operation to the treatment of affections of the belly only. It is specially mentioned in connection with the treatment of swelled testicle. Thus, you see that the puncture of that organ in orchitis is

not of such recent date as many suppose. Dr. Elliotson states, that owing to the alarm excited by running needles into the flesh, and the high improbability of any benefit from such a practice, a hundred and seventeen years elapsed before any European practitioner made trial of it. It was mentioned in the writings of Dryardin and Vicqd'Azyr, some 100 years afterwards, but mentioned in order that the world might be congratulated that the statements of Zen Ryne and Kœmpfer had not induced any one to practise it; and it first attracted attention in 1810, from the strong support of M. Bertioz, of Paris. Numerous French practitioners imitated his example, with the same results. The English soon took it up, and acupuncture affords a striking instance of a good remedy discovered from groundless hypothesis, and condemned without a trial for above a century.

The treatment of gout, one would suppose, would improve from century to century. With, perhaps, the omitting of venesection, the gouty grandee of 1881 is treated scarcely better than he was a thousand years ago. Colchicum, which, as every one knows, is the alpha and the omega of gout, the "*anima articularum*" soul of the joints, was recommended and used by Alexander of Walles, a city of Lydia, in the sixth century, for cases of gout, not: under the name of colchicum, indeed, but of hermodactyls, which are said, by Sir H. Halford, to be one and the same thing. Alexander's prescription consisted of hermodactyls, ginger, pepper, cummin seed, aniseed, and scammony; which, says he, will enable those who take it to walk immediately.

Bullock's blood, which is used largely in the United States, as well as elsewhere, for a remedy, in consumption, was at one time thought to be poisonous, and it is reported by Plutarch that Hannibal put an end to himself by drinking it. Its use as a remedy in phthisis appears to have its origin with the Spaniards, for the earliest mention I can find of it is in some of Sir Henry Halford's lectures, published in the early part of this century: "An accomplished nobleman told me that he was present at one of the bull-fights at Madrid, when a person rushed into the crowd, and having made his

way to the bull, which the matador had just stricken, caught the blood as it flowed from the wound, in a goblet, and drank it off before the assembly. On inquiring into the object the poor Spaniard had in view, it appeared that the blood of a bull just *slain* was a popular remedy for consumptive symptoms."

Returning to surgery, the use of the self-absorbing ligature, is one of the things looked upon as part of the all-appropriating Listerian system, but it is older than that. Sir Astley Cooper used for a short period ligatures of catgut and deer tendons. The early American surgeons used ligatures of chamois skin, kid, buckskin, the tendons of deer, catgut, and strips of parchment. Chelius makes this statement: "The practice of removing both ends close to the knot, published by Haire of England, in 1786, was adopted by Hennen in 1813, at the suggestion of one of his associates, who believed it to have been an American invention."

The drainage tube, too, was used in the last illness of Philip II., of Spain, as has been shown recently by a writer in the *British Medical Journal*.—(March 5th, '80).

In a work now before me, entitled the "Mellificium Chirurgiæ," or, "The Marrow of Chirurgery," an anatomical treatise by James Cooke, of Warwick, published in 1685, there are many things which remind one of the practice of the present day, though I must confess the bulk of the treatment is rubbish; for instance, he recommends the tying of a live mouse to the thigh to cure prolapsus uteri; and advises the moss of a dead man's skull in epilepsy. However, amongst his weapons, as he calls them, we find sponge tents and dried roots to "dilate fistulas, to keep up the womb, and keep open issues." He also mentions his speculum ani and matricis, "where diseases are which, unless discerned, cannot well be cured." Again, amongst the accidents after child-birth, is described "milk abscess," and its preventative treatment. "Juice of deadly nightshade, or rather the fresh leaves laid on the paps, mollifies, discusses, and heals the hardened tumours, yea, cancers, oft tried." Perhaps his last statement requires modification, but as to such a course being decidedly palliative no one can have a doubt.

Mr. Coke's description of opium is so very quaint, that though it has very little bearing upon the subject, I cannot refrain from quoting it, "Laudanum Opiatum. 'Tis a gallant anodyne, seldom frustrates expectation, but helps without trouble to the brain, against pains from whatever cause arising, all hemorrhoids, and fluxes of blood, in what part of the body soever; against all defluxions: therefore gr. i. is excellent in the chin-cough; procures rest in the fevers, bridles the raging of the humors, is excellent in madness, melancholy, vomiting, epilepsie, hiccough, colick, weakness of the stomach, pleurisie, all sorts of gout and stone."

Suppositories for the urethra are regarded as modern, at least I have always done so, but old Cooke, of Warwick, writes as if they were old in his day. In the treatment of gout depending upon a granular condition of the urethra he strongly recommends their use. "To this may be referred candles of wax, anointed with fit medicines, and put into the yard to cure caruncles." He then refers the reader to Sculletus and other writers.

In the London *Lancet* (May 12th, 1866) there is an article headed "A Novel Treatment of Gonorrhœa and Gleet," in which it is said, "we have been interested lately in observing a new process (viz., the treatment by bougies) which is now being tried by Mr. Henry Thompson, at University College Hospital." Scarcely had this article been published when two surgeons wrote to the *Lancet*, claiming the honour of the invention. Then Sir Henry writes a letter stating that its origin is of ancient date prior to the time of Wiseman.

Another old book in my possession, is written by Gideon Harvey, M.D., "their Majesties Physician of the Tower, and Fellow of the College of Physicians of the Hague." This book was printed in 1689. Now, this writer, a heretic in a medical way, devotes in a very quaint fashion his talents to denouncing the polypharmacy prevalent in his time, for in those days even our friend Cooke's prescriptions contained no end of trash, and asserting as we do to-day that nature cures the disease with or without the physician's aid, often in spite of the physician. In fact his views coincide with the

spirit of that old and trenchant satire which described nature and disease as the two opponents fighting over the sick man, and the physician as a blind man who advanced with a club to settle the contest between them, and dealt heavy blows which might sometimes fell the one and sometimes the other as chance directed.

The book is called the "Art of Curing Diseases by Expectation." Expectation he defines in these words: "The applying of remedies, that do little hurt, and less good, from which the patient day by day frustraneously expecting relief and benefit, is at last deferred so long, that Nature and Time have partially or entirely cured the disease, which notwithstanding the physician by subtlety, cunning, and officiousness, doth commonly with success insinuate, that the patient is debtor for his life and recovery to the doctor's skill, judgment, method, and remedies; and in this particular the wisest of men do become half fools by intrusting their lives, and yielding obedience to most physicians, of whom, or their art, they are incapable of judging by reason of their being unacquainted with the inside of their persons, and the vanities of their profession."

In fact were I to continue I could show that he treated disease very much on the same plan as we do to-day; but to mention what he says of each disease would only make longer an already too long paper. I cannot, however, put the book into its place without telling you what he says of his great namesake and contemporary—the discoverer of the circulation of the blood. After stating that anatomists were invariably poor physicians, "an instance whereof I will give you in one, that was the greatest anatomist of his own time, and no extraordinary physician, namely, Dr. William Harvey, whose erroneous judgment was very remarkable in the prescription of a purge for Esq. Rainton, of Enfield, where the apothecary refraining to prepare more than half the proportion, notwithstanding gave him four score stools, which otherwise, according to the doctor's measures, must unavoidably have scowered him from the close stool into the other world." Later on, speaking of consultation, he says, "the fore-mentioned Dr. Harvey ingrossed

to himself the speaking part by reason of his extraordinary claim to anatomy, and which here, if anywhere, seemed to be of use; after a long contrectation of all the abdomen, did very magisterially and positively assert all his symptoms to arise from an aneurism of an artery, and therefore incurable, as being too remote to come at, wherein all except Dr. Bates very readily concurred, though it was a most absurd offer in opinion; as ever I yet heard." The case turned out to be one of enlarged mesenteric glands. If I may be allowed again to digress, I may say that Gideon's statement as to Harvey's talents as a practitioner are not unsupported by contemporary evidence.

John Aubrey, who was at Harvey's funeral and "helped to carry him into the vault," writes: "I have heard him say, that after his book of the Circulation of the Blood came out he fell mightily in practice, and it was believed by the vulgar that he was crack-brained; and all the physicians were against his opinion and enoyed him. All his profession would allow him to be an excellent anatomist, but I never heard of any that admired his therapeutique way. I knew practitioners in this town, that would not have given him 3d. for one of his bills (prescriptions), and that a man could hardly tell by one of his bills what he did aimeat."

But here I am wandering from the text of my paper in disquisitions as to Harvey's capabilities as a family doctor.

Dr. Paris, in his "Pharmacologia" tell us that the history of the warm bath presents us with another curious instance of the vicissitudes of therapeutic agents. That which for so many ages was a luxury in health and an efficacious remedy in disease fell into total disrepute in the reign of Augustus, because Antonius Musa had cured the Emperor of a dangerous malady by the use of the cold bath. Cold bathing became fashionable. This practice enjoyed ephemeral popularity, for although it had restored the Emperor to health it shortly afterwards killed his nephew and son-in-law, Marcellus; an event which at once deprived the remedy of its credit and the physician of his popularity.

James' powder was an Italian nostrum, invented by a person named Lisle, a receipt for the preparation of which is to be found at length in Colborne's Complete English Dispensary for the year 1756. Battley's sedative solution of opium is also said to have been of ancient origin, the prescription having come from Windelius, Lemort, or some other writer of the olden time.

No one would accuse Mr. Hilton of using other men's ideas; for his work on "Rest and Pain," I regard as Trousseau regarded "Graves Clinical Lectures." I would have it read and re-read as a priest reads his breviary; yet the principle upon which his plan of opening deep-seated abscess is based is an old one. Lisfranc, in 1829, in clinical lectures published in the *London Medical Gazette*, describes something very like this method. He cuts down to the deep fascia with his knife, then forces his director or probe to the supposed site of the pus, dilating the hole formed with another probe, instead of the dressing forceps recommended by Hilton.

On our library table downstairs you will see a pamphlet in which sanitary maxims are instilled into the minds of the populace by aid of rhyme. Such tracts are distributed about England and elsewhere on the same principle that an ingenious individual uses who attempts to imprint upon the plastic mind of the student the grand solemn truths of materia medica by rhyme such as—

"Six ingredients, you must know,
Compose the Tinct. Chinchona Co."

Again, we find such sanitary rhymes of very ancient date. I have before me as I write one of our Faculty Library's books, entitled "Regimen Sanitatis Salerni, containing most learned and judicious directions and instructions for the guide and government of man's life. Dedicated unto the high and mighty King of England, from that University, and published for a general good. * * * * * Printed by B. Alsop and T. Fawcet, dwelling in Grub-Street, neere the Lower Pumpe, 1634." The opening advice, in fact the preface, is as follows:

Anglorum regi scripsit Schola tota Salerni,
Si vis incolumen, Si vis te reddere sanum :

Curas tolle graves, irasci crede prophanum.
Parce mero, cenate parvum, non sit tibi vanum.
Surgere post epulas, somnum fuge meridianum,
Non niectum resine, non comprime fortiter anum
Hæc bene si serves tu longo tempore vives.

All Salerni schoole thus write to England's King,
And for man's health, these fit advises bring.
Shun busy cares, rash angers, which displease;
Light supping, little drinke, doe cause great ease.
Rise after meate, sleep not after noone,
Urine and Nature's need, expell them soone.
Long shalt thou live, if all these well be done.

Unfortunately the sanitary rhymes of 1634 would cause great scandal amongst the sanitary people of 1881, for listen to what is said about water drinking:

"He that drinks water when he feeds on meat,
Doth divers harms unto himself beget,
It cooles the stomache with a crude infesting
And voydes the meat againe without digesting."

In those days, I believe, when paterfamilias fell ill after a public dinner, he ascribed his nausea, his headache, his unsavoury mouth, not to the salmon as they do now, but to the nuts, else why this caution:

"A new layd egge, craves a good cup of wine
Drunk after it, it will the blood refine.
Nuts after fish, cheese after flesh is best,
In both these they are helpful to digest.
One nut doth well, the second doth offend—
Beware the third, it brings a deadly end."

I have now come to the end of a long, and it must be said, very rambling paper. I hope that I have shown you that there is some truth in the old saying that "There is nothing new under the sun," and also that I may have encouraged you to devote some of your leisure time to the old literature of our profession' by which you will not only gain some instruction, but considerable amusement.

PERIPHERAL PARAPLEGIA.

BY JOHN FERGUSON, B.A., M.B., L.R.C.P., EDIN.

There are a certain number of cases of paraplegia, which run a peculiar course, have many symptoms that are rather difficult to interpret, and, after a varying period of illness, eventuate in recovery, more or less complete in the major-

ity of cases. Many members of the profession must have met with cases, the true nature of which it was very hard to ascertain ; and which, in their causes, clinical history, tendency to recovery, and involvement of the hands or feet, while the more proximate portions of the extremities escaped, or did so for a time at least, did not coincide with what one would expect were the signs and symptoms due to any definite lesion of the cord or brain. There has always been a somewhat vague idea running through the pathology of such cases, and but little has been done, that is at all satisfactory, in the way of treatment. The following is an epitome of the clinical history of the cases I am now considering : The person begins to feel a strange tingling in the feet and hands, or it may be at first only in one or other of these parts. This feeling of tingling, with a sort of numbness and loss of sensation, gradually extends up the members towards the body. For this condition the patient may be able to assign no real cause, further than the indefinite and unsatisfactory one of exposure on some previous date, to cold or wet. The sensation of the parts are first affected, and after the lapse of some days, or even weeks, the motor functions become impaired. The advance of the disease is constant, though not marked by any definite rate of progress. As this advance takes place, the entire lower or upper extremities become involved, or both may suffer, though not to the same degree. The patellar tendon reflex action is retained, and there is often well-marked hyperæsthesia, which may be more or less general or circumscribed to a small area. As the disease progresses, and the sensory and motorial functions become more and more implicated, there is a gradual loss over the organic functions.

The bladder now suffers and the patient can no longer void his urine, or can do so only with great effort. The bowels become deranged, and obstinate constipation is a source of much trouble and discomfort. The girdle pain, often complained of by paraplegics, frequently comes on about this stage, and causes intense suffering, while others are more favored, and complain only of great uneasiness from this symptom. The respiratory functions generally escape, or

are but slightly interfered with ; while the intellect remains intact.

With these remarks on the character of the affection, let us now try to ascertain the seat of the lesion. This point has been much debated, especially among the German authorities. Three places suggest themselves, namely, the brain, the cord, or the peripheral endings of the nerves. We will now take these up in turn.

With regard to the brain as the seat of the lesion it may be remarked, that paralysis from such a cause would be unilateral, except in three general cases : paralysis of the insane, when the lesion affects some portions where the nerves decussate, and when there is simultaneously either disease or injury on the opposite sides, there would be bilateral paralysis. Now, the cases we are considering are bilateral ; but while this is true, it is equally clear they can not come under the three general cases just stated. The clinical history excludes all chance of their being confounded with general cerebral paralysis of the insane. On the other hand, if due to disease or injury so seated as to render the paralysis bilateral, the progress of the disease would be very different from that recorded as "peripheral paraplegia." We may, I think, safely set aside the brain or medulla as having anything to do with our present subject.

This brings us to the second part, whether the lesion is situated in the cord or not. Here the case is not so easily dismissed. In favor of the cord being the seat of trouble we note : (1) that the paralysis is bilateral as might occur from the cord ; (2), that it is paraplegic ; (3), that there is the girdle pain ; (4), that there is the loss of motor and sensory functions, and (5), that the organic functions become impaired. Against the view that it is due to lesion in the cord, we have : (1), that the distal parts of the extremities first suffer ; (2), that the paralysis then extends towards the body ; (3), that sensation appears to be first affected and motion secondarily, but that sooner or later both are involved ; (4), that the girdle pain comes on at an advanced stage of the disease, and (5), that the organic functions, as the movements of the bladder and intestines, also belong to an advanced period.

Leaving this for the present, let us ask if

such cases of paralysis could depend upon a peripheral origin? In favor of this view, we notice that the first appearance of the disease is in the hands and feet, and that all the other symptoms come on just as it progresses upward along the nerve trunks; and finally when the cord becomes affected, we have the conditions of a paralysis due to central mischief. These cases were suspected to depend on some abnormal state of the nerve endings, although there were no pathological proofs of such. Within a short period, Prof. Leyden, who has devoted much time to the subject, has made a number of post mortems, and collected the records of others. It is not often that an opportunity is granted of making a post mortem, as the cases are not generally fatal. There are, however, examples where the patient was killed accidentally, or perished of some other disease, and thus offered means of verifying conjecture by actual observation. The results of these observations go to show that there is a diffused neuritis of the peripheral ends, and that this inflamed condition spreads along the larger trunks and reaches the cord. Under this view anomalies of these cases of paraplegia become easy of interpretation, and a more rational treatment is likely to be adopted.

Nothing very definite is yet known as regards treatment. So far, a judicious system of shampooing, tonics and the long and continued use of ergot, have met with the best results.

NOTES ON THE NEW YORK HOSPITALS.

(By J. E. Graham, M.D., L.R.C.P., London, Lecturer on Dermatology and Clinical Medicine, Toronto School of Medicine.)

One might be accused of presumption in writing an article on such a subject as the New York Hospitals, as they have, no doubt, been visited by a very large number of the readers of this Journal. Impressions have been made, however, on the mind of the writer, during a recent visit which he has the hardihood to publish, and which the profession can take for what they are worth. The remarks about to be made, may, perhaps, be of some use in the management of our own hospital. There are many features of the New York Hospital system

which we would do well to copy, while there are many other characteristics which we would do equally well to avoid.

So far as the nursing, and general treatment of patients go, nothing better can be desired. In fact, in passing through the New York Hospital one is inclined to think that it is too luxuriously fitted up. It is doubtful if it is good policy to have a simply charitable institution fitted up almost like a mansion or palace. There are probably many treated there who could well afford to remain at home and pay their medical attendant for his services.

One is struck with the great number of very excellent courses of instruction which are given in the various Hospitals and Schools. The almost universal ability shown by the various lecturers, places them, in my opinion, equal, if not superior to any similar class of men in the world. The question has often arisen in my mind, why do not students come from Europe to America to finish their education in as large numbers as they go from America to Europe? When one thinks of the almost inexhaustible amount of clinical material, and of the excellent standing of the lecturers, one would be puzzled to answer the question. The reason generally assigned is that there are no such highly endowed institutions on this Continent as in the Old World, and that lecturers have to spend too much time in simply making a living, and consequently, cannot devote themselves to teaching so much as they otherwise would. There is, no doubt, some truth in this argument, but it does not furnish the real reason for the comparatively speaking incomplete education which is received by medical students here. The fault lies in the whole system as it is now conducted, and if radical changes are not made education will still remain defective, and students will continue to flock to Europe for advantages which they could just as well enjoy on this side of the Atlantic, if some changes were made in the school management.

As it is at present there are only three classes of students, whose education can be said in any sense to be complete. (1) Those who after graduating, spend two or three years in Europe in large hospitals. (2) Those who have been fortunate enough to receive hospital appoint-

ments, as resident physicians and surgeons, and (3) those who have had exceptionally good advantages in the office of their preceptors. The students in these three classes would not amount to more than a fourth of the whole number, leaving at least three-fourths who go into practice incompletely prepared, many of them, of course, afterwards make up to some extent their deficiencies. Many on the other hand do not. It is this system which accounts for such extremes in the acquirements of medical men throughout the United States.

The opportunities for clinical study in New York are not excelled by those of any city in the world, but they are not sufficiently thrown open to students, so that all could to a greater or less extent reap the advantage of them. Clinical lectures and private classes are all very well in their way, but they are no substitute for the bed-side experience, which can be acquired by the clinical clerks in the London Hospitals. A stranger, not perhaps knowing the difficulties in the way, is surprised that no attempt has been made to establish a hospital school similar to those in London. A school which should have its hospital, so far as the medical department is concerned, entirely under the control of the Faculty. If such an institution were established, very many of the defects at present existing would be removed. The term of service for the resident physicians might be shortened and a thorough system of clinical clerkships established. The number of students attending a school of this character would, no doubt, be very large, and we might soon expect to see many coming to this continent from the other side of the Atlantic, to secure the advantage of instruction from the very able men who now adorn the profession in New York.

Here in Toronto we are copying on a small scale some of the more prominent faults of the New York system, and adding many others which it does not possess. We have two schools where we should have but one. There is very little unanimity in hospital work, such as is necessary to carry on clinical teaching successfully. We do not encourage, to any great extent, practical work on the part of the students, when we should not only encourage

but enforce it. No proper records of cases are made in the hospital. When the present very active Pathologist makes a *post mortem*, and records the notes of it, no record is to be found of the history of the case. Students pay the Faculties of schools for clinical lectures, which for want of time, are never properly given. The mere admitting of patients which is done each day, is not, and cannot be considered in any way as a clinic.

Is there no way by which these grievances can be removed? Will nothing wake the senior men of the Faculties, and many of the junior also, to the fact that in this progressive age only those schools will finally succeed in which the clinical teaching is carried on thoroughly and systematically? It matters not what appliances a medical school possesses for purposes of teaching, it will prove a decided failure, if the greatest attention is not paid to bed-side instruction. At the recent clinical examination of the Toronto University, the Vice-Chancellor, although a layman, could see the defects in the students when they were asked to make a diagnosis of a case. How can students be expected to show any familiarity with work they have never been called upon to do. There is no doubt but that there has been a good deal of improvement shown during the last two or three years in the clinical teaching given in the Hospital, but vastly more must still be accomplished if we wish to keep pace with the times.

FOR A DINNER-PILL.—J. Milner Fothergill, M.D., writes, in the *London Practitioner* for January:—Ipecacuanha formed a portion of a good old-fashioned dinner-pill; and betwixt its direct action upon the gastric mucous membrane and its action on the liver as an hepatic stimulant, it must come into use again before long. A dinner-pill of—

R	Pulv. ipecacuan.....	gr. j
	Strychnia.....	gr. 1-20
	Ol. pip. nig.	m ij
	Pil. al. et myrrh.	gr. ijss,

every day, will often produce excellent effects. Then arsenic may be taken, as three drops of Fowler's solution after dinner, or in the above pill, substituting the same dose of arsenic for the strychnine.

Selections: Medicine.

A MEDICAL IDYL—THE IDEAL AND THE PRACTICAL.

Some years ago a young man named Eidolos graduated at one of our best medical colleges. He had formed his ideal of the true physician and intended to regulate his life by the standard which he had set himself, and resolved to so control and govern his every action that in the end he would attain unto the likeness of that exalted type the image of which was enshrined within his breast. The last words of the eminent man who had addressed his class on the day of graduation were: "preserve your ideals." These words constantly rang in the ears of the young man and he adopted them for his motto.

He located in a small lumbering town in the northern part of Michigan, whose streets were still encumbered with pine stumps. Here he began the practice of his profession and was not long without applicants for treatment.

A lumberman in a neighbouring camp was taken sick and our new man was sent for. The case proved to be one of pneumonia. Lumber camps afford but little in the way of care and nursing—they are not hospitals. Our doctor did all he could and attended him faithfully for two weeks but the patient died. The "boys" took up a collection and bought a \$40 coffin and gave their dead comrade a \$30 funeral, when after paying the apothecary's account there was \$5 left for the doctor. People said he was not practical or he would have secured his whole bill.

Late one night the doctor was visited by a strapping young fellow who lived some distance in the country. He was backward about making known his errand but it came out at length that he wanted some "driving medicine." He had been too intimate with a young woman in his vicinity and he wanted something to "drive" the impediment to the menstrual flow out of the way. Our doctor read him a lecture on the enormity of the proposed practice and urged him to marry the girl. In a few months thereafter the doctor attended the young fellow's wife in confinement. His fee for the

service was in money *nil*, but in satisfaction at the result immense. Here again he was not practical for the young fellow had been prepared to pay for the medicine.

Soon afterwards Dr. Eidolos removed to a larger and more flourishing town.

Among those who first called on him was the wife of a prosperous merchant. She stated that they had one child and did not desire another *so soon* and she thought she was pregnant. An examination revealed the fact that her surmises were correct. The doctor's aid was solicited to avert the trouble, and the request was backed up by the proffer of a \$50 bank note and the covert offer of her favours. The doctor was young, handsome, and poor, and he was more than mortal. He declined; you see he had an ideal. The lady soon after was taken ill and Dr. Praxis attended her. He said she had a severe cold and would soon be well. The result justified his predictions. Praxis understood his business and was soon getting all he could attend to. This lady said Eidolos was not a practical man.

One day Eidolos called to pay a visit of courtesy to a lady patient who was almost convalescent from a tedious illness. With her returning health the fires of passion burned afresh and as he rose to leave she stood against the door barring his exit from the room and inviting him by word and look to her embrace. Dr. Joseph Eidolos was equal to the occasion. He said it was impossible, and then smilingly, gently, firmly he opened the door and departed. This lady was heard to express her opinion that he was not a practical man. Praxis would have been more accommodating.

About this time a lady well on in years, the wife of a prominent official in one of the churches, asked the help of Dr. Eidolos in what she called an "accident." Their children were grown up and they did not desire any more so late in their married life. Eidolos declined to interfere, and she had recourse to Praxis who prevented the accident. During their conversation she referred to Eidolos in this way:

"Do you know Dr. Eidolos?" she asked.
"Yes."

"Do you think he is a practical man?" "No."

"But you are, Dr. Praxis." "You bet."

Praxis had been a drayman, had attended one course of lectures in a reputable institution and then bought a diploma at the factory. He was not troubled with ideals.

There was a fellow on Mount Ararat waiting for the ark to land. His name was Praxis, and he was a commercial traveller. But when he found that Noah and his family were all sick he turned doctor. (He had one of Buchanan's diplomas in his pocket.) That man's descendants have been doctors ever since, and they are a numerous lot. These are they who open medical institutes in the cities, and have stated days for visiting the rural places; who flood the country with circulars and have whole page "ads" in the dailies. Every one is their victim that they can fasten on, and they are your true "leeches."

Praxis also resides among the dwellers in the larger cities of the east, and anon he writes a book the sales of which amount to a single copy. Occasionally he converses with himself on some current topic, and has the interview published in the daily newspapers. His most delightful aspect is when he postures as a hybrid between a scientific acrobat and a medical mountebank to amuse an audience with a performance on "Trance" or "Hypnotism." This is the kind of a subject which gives Praxis a chance to keep himself before the public, where only he thrives, while the pseudo-scientific world gapes with wonder at his lore.

But where is Eidolos. He also is a dweller in the city. Is he an iconoclast? Has he shattered his idol? Has he cursed his god and gone to practising on his "cheek?" Not he. A well-known, quiet, and unobtrusive man, he pursues his daily round of duty. He is ready in counsel, and of high repute in his chosen walk. On occasions he contributes to the journals, and his articles are well-studied and full of meat. Honour, and fame, and wealth, are coming to him. He cannot attain his ideal here for now his motto is "Excelsior."

And where is Praxis? Some of him are in the penitentiary, and the rest keep their old ways.—*Michigan Medical News.*

CASES ILLUSTRATING THE USE OF ENEMATA OF DEFIBRINATED BLOOD IN PHTHISIS.

CASE I.—Archibald Sinclair, aged twenty years, admitted August 18, 1880. The patient, at the time of his admission, was in the third stage of catarrhal phthisis. There was a cavity at the apex of the left lung. He was exceedingly anæmic, and had been rapidly emaciating. There was very pronounced hectic, with frequent and exhausting night-sweats. He had been losing steadily in weight before commencing the blood-treatment, notwithstanding the usual treatment of cod-liver oil and iron, combined with a most nutritious diet. His weight before commencing the blood-injections was 101 pounds.

November 25th.—Four ounces of defibrinated bullock's blood, to which four grains of chloral hydrate had been added, were administered per rectum at bedtime, in addition to the usual treatment.

December 9th.—The injections of blood have been administered every night since the previous note. After several injections had been given it was found necessary to reduce the amount to two ounces, the rectum not tolerating the original amount. By continuing the smaller amount for a few days, and then adding five drops of tincture of opium to each four ounces of blood, no difficulty was subsequently experienced in retaining the full amount. The weight of the patient, after two weeks' treatment, shows a gain of seven pounds. His entire appearance is changed. He has an excellent appetite, has had but one slight night-sweat, and is decidedly less anæmic. He expresses himself as delighted with his evident improvement. A steady improvement in weight and in his general condition has continued up to the time of this report, one month from the last date.

CASE II.—Maria Durnin, aged twenty-two years, admitted November 13, 1880. The patient gave a very direct phthisical history for eight months past. There was very marked hectic, the evening exacerbations varying between 103° and 104° F. The cough was paroxysmal and violent. She was emaciated, without appetite, and for two months had been

subject to constant vomiting. Her weight before commencing treatment was $101\frac{1}{4}$ pounds. A physical examination revealed a large cavity at the apex of the right lung, with a smaller cavity at the left apex.

November 27th.—Four ounces of defibrinated blood were administered per rectum at bedtime. Seven grains of oxalate of cerium were administered night and morning. The diet was limited to milk and beef-tea. No other treatment was employed.

December 11th.—The injections have been retained without difficulty. The weight of the patient has remained unchanged, but the improvement in her condition is beyond question. Food by the mouth is retained without difficulty for the first time in two months. There is an improvement in the appetite, the heavy coating has disappeared from the tongue, the cough is less frequent and less severe. There is a considerable colour in the lips and cheeks, which were completely bloodless before commencing treatment. The patient is able to sit up the greater part of each day. Several weeks later the improvement continued.—*Medical Review.*

ELECTRICITY.

Prof. Bartholow (Med. News and Abstract, Jan. 1881, p. 5), in regard to the use of electricity in disease, makes the following observations. The Faradic current should not be used in ordinary hemiplegia, unless there should be wasting, degeneration and impaired electro-contraction, and also late rigidity. Galvanize the contracted parts and Faradize the relaxed or weak parts.

Paralyzed members receiving their innervation from a diseased part of the spinal cord, lose their electro-contraction to the Faradic current; but preserve it when that part of the cord whence the nerves are given off is healthy, though the cord elsewhere is diseased.

If the motor trunks are diseased, the contractility declines, the muscles degenerate and fail to respond to Faradization, but yet for a time respond to Galvanism; finally they are insensible to that. If the nerve recovers, it is

found that the response to the will takes place sooner than to electrical stimulation.

When paralyzed muscles respond to Galvanism but not Faradization, the former is used until the time comes when the latter elicits response.

The Faradic current is of little service in loss of sensibility.

The property of relieving pain belongs to the Galvanic current.

In internal maladies Galvanism is used because it penetrates to the deep organs, and Faradization does not; the latter tetanizes the blood vessels. Galvanism stimulates the peristaltic action of the intestines.

The tonic and reconstituent effects which follow the application of Galvanism to the cervical sympathetic, pneumogastric and spinal cord, are doubtless due to increased action of the vessels and stimulation of the nervous apparatus which presides over the movements of the chylopoietic viscera. Also in intracranial disorders of circulation, due to weakness of vessels, the current should be weak and only applied for a few minutes.

In applying electrodes, he says that, in Faradization, well-moistened, sponge electrodes are used when it is desired to reach the muscles; for a single muscle, the olive-pointed electrode. To Faradize the skin thoroughly, dry it and dust with powder. To Galvanize; for single muscles and separate nerve trunks, use small electrodes; for large groups and pain in many nerve filaments, use large, well-moistened sponge electrodes.

Salt is to be added to the water only in Galvanization of face and head. In neuralgias of the extremities, use powerful currents. In Galvanization of the head, the *seance* should not exceed five minutes; in neuralgia, a longer time; in sciatica, about fifteen minutes repeated every four hours; in Faradization, five to fifteen minutes twice daily.—*Rocky Mountain Med. Review.*

“Who shall decide when doctors,” &c. The medical profession is *Jennerally* represented as disinclined to be hand and glove with Dr. Kidd. This is a *Quaint* way of putting it.—*Punch.*

PAIN AND ANODYNES.

Dr. Roberts Bartholow, of Philadelphia, says: "Several elements enter into the composition of pain—the peripheral irritation, the transmission of the impression to the centre, and its realization by consciousness. Hence, pain may be relieved either by interrupting its transmission to the centres of conscious impressions, or by suspending the functions of these centres. For example, aconite and gelseminum relieve pain in the former manner, and the anæsthetics in the latter. The anæsthetics, when applied locally, however, have an effect similar to that of aconite, and are, therefore, antagonistic to both peripheral and centric neuralgia. When a few minims of chloroform are injected into the neighbourhood of a nerve-trunk, the peripheral expansion of the nerve is put into an anæsthetic and analgesic condition; and since he introduced this method of treating sciatica, cervicobrachial and intercostal neuralgia, coccygodynia, and other neuralgias of nerves in accessible situations, his experience has been extremely satisfactory. The needle must be inserted deeply, since merely to inject chloroform under the skin, like morphia, is perfectly useless in such neuralgias, unless the nerve-trunk is in the immediate vicinity. No danger attends this expedient, and inflammatory induration and abscesses very rarely result from it.

The most powerful means for relief of pain which is now in our possession—the subcutaneous injection of morphia and atropia together—is an illustration of the advantages derived from the study of physiological antagonism. By this combination the anodyne qualities of the two agents are enhanced, rather than diminished, while the disadvantages of each are in a great measure obviated. The combined use of morphia and atropia is, also, the best preventive of the tendency of anæsthetics, like chloroform and ether, to produce fatal paralysis of the heart or lungs; while the prescription of atropia simultaneously with chloral to a great extent averts the dangers that sometimes attend the use of that agent.—*Cincinnati Medical News.*

CAPSULES.

The invention of the capsule may be regarded as one of the triumphs of modern pharmacy."

The old-fashioned naked pill, with its irregular contour and its nauseous taste, which not infrequently excited in the pharynx an inverted deglutition, whereby the disgusting intruder was tossed up into the region of the posterior nares, there to remain fixed until the unfortunate swallower should dislodge it by vomiting, has become almost, if not quite, a thing of the past.

The capsule has manifest advantages over the pill, such as ease in swallowing, readiness of solution, together with the protection it affords the medicine against atmospheric influences, thus insuring that it shall arrive in the stomach in the best condition for assimilation; and the facts being well understood by the physician, the term, "Ft. pilulæ" at the close of a prescription is not now very often seen.

A capsule to meet the above requirements should consist almost entirely, if not wholly, of pure gelatin, which, on entering the stomach, appropriates water of composition, and becoming a jelly will readily dissolve and set the contained medicine free.

But the increased demand for capsules, together with a desire to furnish them at a low price, has tempted some manufacturers to use glue and various other cheap and impure compounds in their manufacture.

Capsules made of these substances are sometimes so slow of solution as to seriously delay the action of the medicine, or worse still, resisting the fluids of the alimentary tract to the end, pass out like bullets, unchanged.

Even if they be retained and dissolved they are competent to make mischief, for they carry with them the seeds of fermentation, which they germinate to the prejudice of a delicate digestive apparatus.

Before ordering them for a patient the physician should test a given specimen of capsules by holding one in his mouth until it dissolves. If its solution is rapid, and no unpleasant flavour is perceived, it may be safely used; but if it tarries long upon the

tongue ; or imparts to the taste a savour of the hide store or the sour paste pot, it should not under any circumstances be given to a sick person.

The old and highly reputable firm of H. Planten & Son, 224 William Street, New York, furnishes an article which will stand any test, and we can conscientiously recommend their capsules to the profession.

They are made of seven different sizes for the mouth and of three for the rectum. The latter are conical at one end, and present a form which may be easily introduced into the rectum, and retained by this organ without discomfort.—*Cincinnati Medical News.*

A GENEROUS TRIBUTE.—Sir,—I send enclosed an extract from a child's book recently published by J. F. Shaw & Co., Paternoster Row, as it contains a deserved tribute to our profession, which I think is rarely now to be found, for insertion in the JOURNAL, if you consider it acceptable.—Yours faithfully, M.D.

Extract from "Froggy's Little Brother," by Brenda, page 162.—"I am anxious here to pay a tribute to doctors, for it seems to me that, as a class, they shine out more brilliantly than any other men. Their patience, their kindness, their zeal, their devotion, their courage, who has not proved it for themselves at some time or other in their lives, or else heard of it from others? How the poor invariably speak of them, and who better than they can testify to their real worth? I often think what a bright array of doctors there will be in that day, when all the great things done in the dark shall be known in the light, and the army of the world's true heroes shall appear before the great white throne in heaven. How many a poor obscure country doctor, whose homely gig and hop-and-go-one horse have been the laugh and joke of the squire and his friends, when they have met him going his weary round on a sunny September morning, when they have been striding over the stubble with dog and gun, will be found in that day the better man of them all, amongst the little band 'who are unknown here, but well known there,' for deeds of gallantry and true heroism which this world passes by, but which will gain the highest honours and the brightest crown in the Paradise of God."—*Brit. Med. J.*

DR. BOWLES ON STERTOR.

The general conclusions which may, I think, be fairly deduced from the present communication are :

1. That a "laryngeal stertor" may be added to the three forms I formerly defined.
2. That the three forms of stertor which have a most important connexion with the apoplectic state are the palatine, pharyngeal, and mucous stertor.
3. That these three varieties, whatever their remote cause, are the immediate result of a local mechanical condition—a condition which may always, and at once, be changed, to the great relief of the patients, and sometimes to their permanent recovery.
4. That it is necessary to keep the patient on one side, and the paralyzed side should be downwards.
5. That mucus and other fluids gravitate into, and fill up the lower lung ; and therefore that if the sides be reversed the mucus will find its way into the opposite lung.
6. That the fluid, crossing from the large bronchi of one lung to those of the opposite, becomes clurued into foam, and causes dangerous obstruction to the respiration.
7. That the lung is not injured by remaining inactive and filled with mucus for a long period.
8. That these principles apply to all conditions allied to the apoplectic, whether there be mucus or not.—*London Lancet.*

REMEDY FOR MIGRAINE (HEMICRANIA).—

Pulvis antihemicranicus imperialis.

R Quinidiæ sulphatis	1.50 gm. =	24 grs.
Caffeinæ	1.00 " =	15 "
Acidi tartarici	1.00 " =	16 "
Morphiæ puræ	0.05 " =	$\frac{3}{4}$ "
Sachari albi	10.00 " =	150 "

Mix and make into 5 powders.

One of these is to be taken morning and evening. Said to be a sure remedy in hemicrania. If necessary the quantity of morphia may be slightly increased. Feeble persons should divide each powder in two parts, and take both within an hour. Black coffee is the best vehicle for administering the powders.—
DR. HERMANN HAGER in *Pharm. Centralh.*

BISMUTH PREPARATIONS.—The Druggists' Circular reports that at the last meeting of the Kings County Pharmaceutical Society, the subject of impurities in the medicinal salts of bismuth first occupied the attention. Dr. Sheets related that, having had occasion to administer subnitrate of bismuth in his own family, the medicine caused great fetidity of the breath, persisting for several days (Oil and Drug News). He inquired if any one had observed any similar effects. Mr. Creuse answered that this garlicky smell had been noticed some time since in England, when it was attributed to the presence of tellurium in the metallic bismuth from which the salts were prepared.—*Louisville Med. News.*

COMPOUND LIQUORICE POWDER.—A recent writer in the *Philadelphia Medical Times*, Dr. E. T. Blackwell, proposes the name of *Pulvis senneæ compositus*, and the following formula:—

R Sennæ pulv
 Sulphuris loti
 Sacchari albiaa3ss
 Fœniculi pulv
 Glycyrrhizæ pulvaa3ij. M.

IODIZED COD-LIVER OIL. (*Fonssagrives.*)—

Pale Cod-liver Oil, 100 grammes.
 Iodoform, 0 gr., 25 centgr.
 Essence of Anise, 10 drops.
 Mix.

The addition of the iodoform and anise masks in great part the taste of the cod liver oil, which is found also to contain one centigramme of metallic iodine to the spoonful. To patients who make use of ordinary cod liver oil, the author advises to add to the oil a small quantity of cooking salt, which modifies its disagreeable taste and facilitates its digestion.—*L'Union Médicale.*

The Medical Students of McGill College are establishing for themselves a museum of *Materia Medica*. The specimens of all the drugs in use, are to be kept in the Library of the McGill Medical Society, where students may examine and study them at their leisure.

Surgery.

TREATMENT OF CARBUNCLE.

SOCIÉTÉ DE CHIRURGIE—SESSION OF APRIL 6TH, 1881—PRESIDENCE OF M. DE SAINT-GERMAIN.

M. Marc. Sée has given up the treatment by Curage, which consists in first incising the carbuncle, and then removing its contents with the cutting spoon, substituting for it the method of which he had spoken at the last session. The claim made, touching this method, by M. Tillaux in favour of M. Alphonse Guérin, is not justified, M. Guérin having proposed a subcutaneous crucial incision, which, as regards the discharge of septic liquids, gives no better results than ordinary incisions.

M. Tillaux, referring to the opinion expressed by Nélaton, thinks that we should abstain from intervention in the treatment of anthrax, unless it be very painful. The opinion of Nélaton, in fact, is that incisions augment the irritation, and that it is necessary, on the contrary, to remove all irritating causes. These reasons are not of a convincing nature to us, and besides, such is not the opinion of most authors. Chassaignac, considering the cores as foreign bodies, thinks that the expectant plan exposes to the greatest dangers. Follin, not less categorical, is not content with incisions, but also has recourse to caustics. Billroth recommends equally a very energetic treatment, and is a partisan of numerous early incisions. These citations could be multiplied. To sum up: incisions are necessary which allow the discharge of the cores. This is why M. Sée prefers the treatment of which he has spoken, which has, in addition, the advantage of permitting anti-septic injections.

M. Labbé is struck by the fact that most surgeons each give a particular treatment of anthrax. Some are in favour of large incisions; others, of subcutaneous incisions; others, of multiple incisions; others, with M. Richet, are in favour of going beyond the limits of the disease and touching what this surgeon calls the subanthracoid phlegmon; others, with Broca, propose ablation, as if for a malignant

pustule; others, finally, are for abstention. For my part, I believe that each of these opinions finds its indications in the treatment of carbuncle, which takes on very diverse forms. From a clinical point of view, in fact, there are some carbuncles which it is unnecessary to touch; there are some which must be treated by M. Alphonse Guérin's method; others which call for multiple incisions; and, finally, others which ought to be removed, as Broca proposed. In fact, on the nape of the neck, for instance, there is a large anthrax, presenting multiple openings, whose tension is not very great and upon which it is sufficient to exercise slight pressure to cause pus to ooze out. In these cases poultices suffice, and the patients always recover whatever may be the treatment. There is a variety akin to this for which one incision suffices, or the method of M. Guérin. There is another which offers a great hardness and for which Guérin's method is not sufficient—great incisions must be had recourse to, large, deep, and multiple; the eliminating surfaces must be multiplied as much as possible. M. Boinet has obtained good results from injections of iodine in conjunction, in these cases, with the incisions. Finally, there are carbuncles which I call woody, and which are of such gravity that patients die if we intervene too late. These are the carbuncles which offer a tissue so resistant that the bistouri can scarcely cut them. I have formerly lost patients who I would not lose to-day, because I have recourse now in these cases to ablation, such as Broca proposed, as if we had a malignant pustule to deal with. There is then, to sum up, a certain number of varieties of anthrax which claim each a different treatment.

M. Desprès does not agree with M. Labbé on the point that there are cases in which the best treatment is by ablation. Furthermore, he is not a partisan of multiple incisions or tulip incisions, such as Velpeau practised. There are cases, in fact, in which these incisions have been followed by a mortal phlegmonous erysipelas. M. Desprès has treated in the city three large carbuncles, and in hospital forty-nine carbuncles, from the volume of an egg to that of the two hands. In eight grave cases, he

has only had two deaths in two diabetics; all the others recovered. Now, M. Desprès has never made incisions; and he is convinced that, in the statistics of his colleagues, the number of deaths is augmented by those which are due to the complications resulting from the operation. The incision, in fact, however large it may be, does not produce elimination of the eschar. Abstention is then, for M. Desprès, the best treatment of anthrax. He admits, however, that incisions may be made in points very clearly fluctuating, but from the tenth to the fifteenth day, and not from the third to the fifth day, as most surgeons state. These preventive incisions are of no use, and the patients who have recovered after these incisions have recovered in spite of them.

M. Trélat.—M. Marc Sée in wishing to trace simply an historic point has opened a pit fall by raising the question of the treatment of anthrax. I myself hold to what I have written in the article "Anthrax," in the *Dictionnaire Encyclopédique des Sciences Médicales*, viz., that there exist many varieties of anthrax—some very grave, others without the slightest gravity, and that each of these varieties calls for a different therapeutics. I do not believe that we are more authorized to say that incisions are always necessary, than we are to affirm, with M. Desprès, that they should never be made. There is no definitive therapeutics of anthrax; it is only a question of indications to fulfill. There are cases, indeed, in which large multiple and deep incisions are formally indicated; there are others for which the process of M. Guérin is preferable; there are some others to which it is necessary to join cauterization to the incision; there are some, finally, these last being much more rare, which claim the treatment proposed, but never executed by Broca.

M. Tillaux, replying to M. Sée, maintains that the method which he has borrowed from the Germans and that of M. Alphonse Guérin are similar, at least in their prevailing idea. Some years ago, each time that I found myself in presence of an anthrax, I hastened to split it in four or in eight. I have given up that manner of acting, and experience has led me to follow another line of conduct. There are

some carbuncles, those of the neck more particularly, for which preventive incisions are useless, the anthrax continuing to be developed and extending from the occipital curved line to the seventh vertebra, and from one mastoid apophysis to the other. In these cases incisions are useless, and cause the patients suffering. But there is another variety of anthrax, extremely painful, and in which large incisions, made at a certain moment, alleviate the patients greatly. These are the only ones which I now open; as to the others, I respect them, like M. Desprès.

M. Labbé recalls that, towards the end of his career, Nélaton used to say that anthrax should always be incised. While admitting that there are varieties of anthrax which may recover without incision, I maintain there are others where it is the duty of the surgeon to interfere, and to interfere as largely and as radically as possible; and there are many patients whose death I deplore, and whom I would have certainly saved had I acted as I would act to-day.

M. Marjolin.—The respect which M. Desprès professes for the ancients causes him to neglect the progress of modern surgery. The erysipelas of which he has spoken is not always the consequence of the incision. It as often manifests itself before all intervention. I cited at the last session, an example of the good effects of the large and deep incision. I will cite another: I incised, crucially, a large anthrax of the neck in a coal-heaver of the environs of Paris. The anthrax, nevertheless, pursued its course. I was recalled by the physician, and, seeing that my first incisions had not sufficed, I gave two new sabre cuts to this patient, who cried, "Murder!" but recovered very well. I have had an anthrax myself, and remember to have been much relieved by the incision. It is not necessary, then, for M. Desprès to attribute to the incision the death of the patients who have succumbed to their anthrax.

M. Verneuil.—I do not understand how one can say, in speaking of the treatment of anthrax, it is necessary to do this; or it is necessary to do that. There is not a year that I do not deliver three or four lectures on the treatment of anthrax. I am of the opinion

of M. Tillaux—in one hundred cases of anthrax there are, perhaps, eighty which do not require to be touched. I have often had occasion to compare the progress of anthrax in two patients who entered simultaneously into my service; the one having been crucified in the city, the other having undergone no incision. It was always this latter who recovered the more quickly. We may then say, that four out of five cases of anthrax should be abandoned to themselves. But from that to say they should never be incised! It is necessary to incise carbuncles when they are painful, and when they do not limit themselves. As to the diabetic anthrax, we save only those that we incise, the diabetic anthrax having a great tendency to diffusion. Then, for diffuse anthrax, the relieving constriction by cauterization with the thermocautery has always given me marvellous results. I have by this operation brought the moribund back to life. This is how I proceed:—I make with the thermocautery rays, like those of a carriage-wheel, exceeding by a full centimetre the limits of the disease. This is an operation which takes twenty minutes; so I take care to anaesthetize the patients. From that very day the vomiting, the fever, and the delirium subside. This is a treatment of extraordinary power. There is no hæmorrhage. I have recourse afterwards to antiseptic dressings. As to the small, or very painful anthrax, the subcutaneous incision of M. Alphonse Guérin seems to me an operative subtlety. I do not understand the necessity for it.

To sum up: the painless and limited carbuncles recover of themselves without incisions; but interference is formally indicated in painful, diffuse and diabetic carbuncles.—*Gazette des Hôpitaux*.

ANOMALY—FOUR TESTICLES.—Dr. Cebeira presents a singular case—a soldier with venereal chancres, buboes, etc., and a scrotum having four distinct testicles—two in each sac—of different sizes. The supernumerary testicle of each side was above the other. The venereal diseases of the patient seemed to be in proportion to his testicles.—*Revista de Catallina*.

THE DIFFERENTIAL DIAGNOSIS OF FRACTURES AND DISLOCATIONS OF THE FEMUR AT THE HIP-JOINT,

TABULATED BY H. AUGUSTUS WILSON, M.D., LECTURER ON FRACTURE-DRESSINGS IN THE PHILADELPHIA SCHOOL OF ANATOMY.

	INTRA CAPSULAR FRACTURE.	EXTRA CAPSULAR FRACTURE.	ILIAC DISLOCATION.	SCIATIC DISLOCATION.	PUBIC DISLOCATION.	THYROID DISLOCATION.
1. AGE.	Most apt to occur in advanced life, after 55 years.	May occur at any period of life.	Adult life.	Adult life.	Adult life.	Adult life.
2. CAUSE.	Usually result of slight cause.	Usually direct and severe violence.	Always severe violence.	Severe violence.	Severe violence.	Severe violence.
3. CONSTITUTION OR LIMB.	Shortening; at first slight, but apt to increase to 2 or 2½ inches. Readily effaced by extension, but recurs on discontinuance.	Great shortening at first, which continues about 1½ to 2 inches. May be effaced, but recurs on discontinuance of extension.	Shortening 1½ to 2 inches. Only effaced by reduction. Does not then return.	Shortening ¾ to 1 inch. Only effaced by reduction. Does not then return.	Shortening ¾ to 1 inch. Only effaced by reduction. Does not then return.	Lengthening 1½ to 2½ inches.
4. CREPITATION.	Indistinct.	Very distinct.	None.	None.	None.	None.
5. MOVEMENT.	Prenatural.	Prenatural.	Immobility in a fixed and constrained position.	Immobility in a fixed and constrained position.	Immobility in a fixed and constrained position.	Immobility in a fixed and constrained position.
6. POSITION OF LIMB.	Everted.	Everted.	Overlaps its fellow.	Inverted.	Everted.	Everted.
7. POSITION OF FOOT.	Strongly Everted.	Everted.	Inverted; big toe pointing towards opposite tarsus.	Inverted; big toe pointing towards great toe of opposite side.	Everted.	Straight.
8. POSITION OF GREAT THROATBONE.	Moves freely, with leg, as if were, on a pivot.	Prenatural Mobility.	Higher than normal.	Higher and farther back than normal.	Higher and nearer median line in front.	Lower than normal.
9. POSITION OF GIRDLE-PERONEAL CREASE.	Nearly normal.	Higher than normal.	Higher.	Higher.	Higher.	Lower.
10. POSITION OF HEAD OF FEMUR.	Cannot be distinguished, except in very thin persons.	Cannot be felt.	Can be distinctly felt on dorsal surface of ilium.	Is buried in Sciatic foramen; cannot always be felt.	Easily felt over pubes.	Is in Thyroid Foramen. Can sometimes be felt.
11. VACUITY.	No vacuity over Acetabulum.	No vacuity.	Vacuity.	Vacuity.	Vacuity.	Vacuity.

ATROPIA IN CHLOROFORM-ANÆSTHESIA.—In reference to the communication on the above subject by M. E. A. Schäfer, a correspondent states that the subject has been for some years worked out by Professor T. R. Fraser, of Edinburgh, who has shown atropia to be a cardiac stimulant, advisable when chloroform is to be given. It stimulates the heart, not only indirectly, by lowering the conductivity of the cardiac terminations of the vagi, and thus, of course, diminishing their inhibitory power, but also directly, by stimulating the intramural motor ganglia of the heart; and possibly, also, by raising the excitability of the accelerator nerve to the heart from the cervical sympathetic ganglia; and, perhaps, it may even stimulate the cardio-motor in the medulla oblongata. Dr. Fraser considers it advisable to combine with the atropia a little morphia, say 1-120th to 1-60th of a grain of sulphate of atropia, *i.e.*, one to two minims of liquor atropiæ sulphatis (*B. P.*), and one-twelfth to one-eighth of a grain of acetate or hydrochlorate of morphia. These are injected about fifteen or twenty minutes before the administration of the chloroform is begun; and by this means, (1) not only is the patient in a less nervous state when the inhalation is commenced, but (2) less chloroform is required, and, (3) moreover, a very objectionable evil is got rid of, or, at all events ameliorated, *viz.*, the emesis which is apt to occur with chloroform. In the cases in which our correspondent has seen this method followed there has been no vomiting whatever, although in some the inhalation was considerably prolonged.

A New Abortive Treatment of Erysipelas in the April number of the *Archives of Dermatology*, Dr. L. Heppel, of New York, makes known a new abortive treatment of erysipelas which he has so far known to be successful in seven cases. It consists in "brushing the boundary line and the parts extending a finger's width on either side of it, with a ten per cent. alcoholic solution of corbolic acid until the integument thus painted shows a decided discolouration." An agreeable sensation is said to be experienced at the points of application.

AN ENERGETIC ANTISEPTIC.—A very powerful antiseptic has been found in eugenol, a sample of which has recently been introduced by the President of the Liverpool Pharmaceutical Society. As well as being a very active antiseptic, it is also recommended as an excellent remedy for toothache. It is not difficult to understand both these properties, as oil of cloves, from which it is obtained as well as oil of peppermint, is a well-known preventative of germs forming in paste, starch, ink, etc., and the oil of cloves has long been a popular remedy for toothache. It was also recognized as eugenic or caryophyllic acid, having a formula $C_{10}H_{12}O_2$, and forming salts with bases.—*Monthly Magazine.*

SOOTHING OINTMENT.—Dr. McCall Anderson gives the following as the most valuable application for inflamed surfaces that he has ever tried:—

R Bismuth oxyd	25.0
Acid oleici	200.0
Ceræ alb	75.0
Vaselini	225.0
Ol. rosæ	0.25

—*The Specialist.*

The following old-time advertisement clipped from a paper of Shakspeare's day, thoroughly establishes the position of the every-day practitioner of that period:—*Wanted*—In a family who have bad health, a sober, steady person in the capacity of doctor, surgeon, and man midwife. He must occasionally act as butler, and dress hair and wigs. He will be required sometimes to read prayers and to preach a sermon every Sunday. A good salary will be given.—*Whitaker's Physiology.*

In a very old number of the *London Gazette*, is found the following epigram, referring to the physicians of King George:—

"The King employed three doctors daily,
Willis; Heberden, and Baillie;
All exceedingly skillful men,
Baillie, Wallis, and Heberden,
But doubtful which more sure to kill is
Baillie, Heberden, or Willis."

Midwifery.

PREVENTION AND TREATMENT OF MAMMARY INFLAMMATIONS AFTER DELIVERY.

BY W. H. TAYLOR, M.D.,
Cincinnati, Ohio.

The *cause* of the lesion is the child's sucking, in which act the child compresses the nipple between its tongue and the roof of the mouth and draws it into the mouth, thereby subjecting it to firm compression and tension, whereby the epithelium is abraded and minute fissures formed. As this process is repeated at brief intervals, no opportunity for repair is afforded, but at each successive period of sucking the laceration is enlarged. From the intense pain experienced by the mother the flow of milk decreases; the child consequently makes greater suction effort, with corresponding injury to the nipple; so that it is not rare to have the child vomit small quantities of blood which it has drawn from the abrasions. The act of sucking is so exceedingly painful to the mother that it is postponed till the distension of the breast with milk compels her to submit to its being performed. The long-deferred nursing, the traction by the child's mouth and the diminished flow of milk tend to increase the amount of blood in the gland, causing engorgement, an early stage of inflammation. The maternal heroism which prompts the mother to persist in nursing her child at such sacrifice to her own comfort, commendable though the spirit be, is fraught only with evil; for the conditions detailed are aggravated till the changes are such that suppuration of the gland is unavoidable.

Although we must recognize other influences—for example, cold, contusions, epidemic influences—as potential in the production of abscesses, yet I have sketched the most common history of such production.

The *treatment* of the fissures described is usually unsatisfactory. Medical literature shows a countless array of applications for sore, chapped, cracked, fissured, ulcerated nipples; and all, in my opinion, are of but little value; for, however great the remedial power of the application may be, it is rendered entirely nugatory

by the sucking of the child, by which the fissures are necessarily torn open, so that whatever progress may have been made toward healing is undone each time the child is applied to the breast. With such opinions of the causation of fissured nipple but two means of treatment seem applicable; the first, the use of a nipple-shield, by which the nipple is protected to a considerable degree during sucking, is sufficient in mild cases, but is of little or no use in severe cases. The only remedy on which I rely, and which is adapted to all cases, is entire cessation from nursing with the affected nipple for from forty-eight to seventy-two hours, during which time the process of repair being uninterfered with by the child, healing will so far have progressed as to allow nursing with little or no suffering. Such suggestion usually awakens protest, on two grounds; first, that discontinuance of the use of the breast for the period mentioned will result in permanent cessation of the flow. While I cannot deny its occasional occurrence, yet such result is exceptional. Usually the flow will be re-established in a short time after re-applying the child to the breast. But even if the danger of such cessation were great, the treatment is still to be advocated, for we shall thereby probably avert suppuration, when nursing must necessarily cease and other evils increase.

The second ground of opposition to the advice given is that cessation from nursing will lead to accumulation of milk in the breast, and that such accumulation will result in abscess. That cessation from nursing will lead to temporary induration of the breast is a matter of daily observation. That suppuration is likely to result from this accumulation of milk alone I do not admit. I say from such accumulation *alone*, for I believe the means resorted to to overcome it often lead to the apprehended evil. To guard against the anticipated ill consequences of cessation from nursing, it is usual to resort to artificial means for removing the milk from the breast. I am persuaded that from these efforts the evils are greater than from the accumulation of milk. When we remember that irritation of the nipple by the child's mouth is the natural means for exciting the secretion, it is obvious that the effort to remove the accumulation by drawing

the nipple is unphilosophic and will be unsuccessful. Again: the use of various mechanical appliances, breast-pumps, etc., is often productive of serious injury by contusing the portion of the breast compressed by the instrument, and may possibly induce abscess.

With such views of the action of these appliances I discard them entirely and forbid all effort to remove the milk by suction. That it is desirable to relieve the tension of the breast which occurs for a few hours after nursing has ceased, must be recognized by all. For such purpose I have the breast very gently stroked with the hand with camphorated oil, the movement always being from the periphery toward the nipple. The effect of such manipulation continued from ten to fifteen minutes will be to cause the milk to flow. I seek to divert the blood from the breasts and to deplete by giving a saline purgative. If the pain be severe enough to demand anodynes I give Dover's powder, because it both relieves pain and relaxes the engorged tissue. With management the fissured nipples heal, and threatened abscess is generally averted. That such happy result is always obtained can be said of no plan of treatment.

When suppuration seems inevitable our only course is to hasten it, and while awaiting the progress of the case to mitigate discomfort. As a very important means of relief I urge support of the breast by means of a broad bandage passed under the breast and around the neck. By this means we relieve the upper part of the breast and the skin over it of the continuous dragging sensation consequent on its increased weight, and also facilitate the return of blood from the breast, thereby lessening the engorgement of the breast. If this support does not relieve the pain sufficiently I administer opiates freely.

Dr. J. S. Parry, following McClintock, advises late opening of abscess of the breast, and I am inclined to adopt the practice. When discharge is effected, as perfect antiseptic dressing as possible should be applied. As soon after evacuation of the pus as the breast will tolerate pressure I resort to strapping, expecting thereby to prevent re-accumulation of pus, to obliterate the cavity and hasten union of the opposed sur-

faces, to compress the distended blood-vessels, thereby lessening the engorgement, and, by the continuous pressure, to stimulate absorption of effused material.—*American Practitioner and Walsh's Retrospect.*

A CASE ILLUSTRATING "MISSED LABOR."

At a recent meeting of the Obstetrical Society of London, Dr. Barnes stated that the term, "missed labor," proposed by Oldham, was not justified by the facts of Oldham's case; which proved on autopsy to have been one of extra-uterine gestation. Discussing other cases of presumed missed labor, accepting the arguments of Stoltz and Muller, the author affirmed that no authentic example of missed labor—this term being taken to mean the prolonged retention in utero of a fœtus, living, at term—is yet known. He cited examples of the retention of the ovum, which had perished in utero at pre-viable age, for some time, and notably until the arrival of the natural term of gestation. He related a case which came under his own care:—

A lady, aged thirty-nine, had borne three still-born children, the last of them five years ago, before consulting Dr. Veitch, at Penang, in December, 1872. Pregnancy dated from early in November preceding. The usual signs of pregnancy were manifest; she verified quickening; and up to the seventh month she felt movements of the child. About the eighth month, after a slight accident, a flow of blood came. Three weeks later another bleeding occurred, but no labor pains. Eleven months after the presumed date of conception she came to England. There was an impression that she might be suffering from fibroid of the uterus. She came under the author's care in December, 1873. Under chloroform, the cervix uteri having been dilated by laminaria tents, he felt what he took to be the interior surface of the uterus; the sound passed six inches. In January, 1874, some colored discharges went on. Pieces of bone, which turned out to be bits of the spinal column, passed by vagina. After dilatation by tents, more bones were removed by fingers and forceps. In February this manœuvre was repeated, and by craniotomy-

forceps the remaining parts of a fœtus, which appeared to have reached the eighth or ninth month of gestation, were extracted. Her health then improved, the discharges became less offensive, and the uterus gradually shrank, as in ordinary involution, but more slowly, until it reached the common conditions of the non-pregnant state, and the patient perfectly recovered. The author submitted that this was a clear instance of the retention of a fœtus dying in utero at a viable stage, for some months after the normal term of gestation had been reached; and that in this sense the term "missed labor" might apply.

EXCORIATIONS AND FISSURES OF THE NIPPLE.

—Prof. Gio. Simula, 1880, Sassari, in a memoir on this subject, establishes the frequency of such troubles; 30 per cent. of nursing women being affected, according to Hinkel, 20 per cent. according to Schraden. The nipples are ordinarily affected in the first days of nursing, but rarely later on. The causes are generally want of cleanliness, apthæ in the mouth of the children, and the continual suction, which acts, says Joulin, like permanent cupping; the nursing of a child several months old sometimes induces these troubles. The accidents are of gravity, or not, according to the intensity of the inflammation. The pain may be so excessive as to induce convulsions; the inflammation may extend to the mammary gland itself, whence abscess in this organ is accompanied by high fever. The nipple may be completely destroyed, and the resulting cicatrization prevent nursing thereafter from that breast. As preventive treatment, Professor Simula, prefers lotions of pure water to the astringent washes recommended by Trousseau and Cazeaux, which, in the end, he is persuaded cause the exfoliation of the epidermis. Against fissures of the nipple he recommends lotions of glycerine in a solution of bicarbonate of soda, (Startin). He considers the application of compresses wetted in pure water, over the parts, as the best treatment in these affections, allowing the child to nurse as seldom as possible.—*St. Louis Medical and Surgical Journal*.

Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

COUNCIL EXAMINATIONS.

SIR,—Will you kindly permit me to express through your columns the regret that many medical practitioners feel at the ill-advised step taken by those students who have been unfortunate before the Council, in seeking comfort in the columns of the daily press?

There can be but one course to pursue for any one having a real grievance, in order to get redress, and that is to bring the subject before the notice of the Council in proper form.

There is no difficulty in doing so, nor from past experience can any one complain of harsh injustice in the rulings of the Council. It is certainly very questionable taste to vilify examiners, and publish insinuations, before the possibility of a proper investigation; while the prejudice thus excited may be fatal to that calm consideration the question merits. If any good whatever can proceed from the acrimonious correspondence the public has been lately treated to, it appears to the writer to lie in the propriety of the Council at its next meeting considering the advisability of doing what there is good example for elsewhere, that is, granting a supplementary examination each year to students who have passed in three or more branches, to take place three months after the first examination.

It is also to be hoped that the farce of holding examinations in two places may be done away with. The absurdity of the present state of affairs in this respect is too manifest to require more than passing notice. How would the College of Surgeons of England treat a proposal to have its examinations held in Oxford, or Cambridge, or wherever else there might happen to be a medical school? Yours, etc.,

Toronto, May 6th, '81. PRACTITIONER.

The *Medico-Chirurgical Quarterly* in noticing a doctor's removal intimates that at his new residence the gentlemen will continue to differentiate between specimens of diabetic urine and essence of sweet pea.—*Michigan Medical News*.

THE CANADIAN
Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism,
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JUNE, 1881.

MEDICAL COUNCIL EXAMINATIONS.

There was great excitement in Toronto, on the 2nd of May, among a certain class of Medicos, "when news of 'Sullivan's' victory came." On making inquiries, we found that about 57 per cent. of the candidates at the Council Examinations had been rejected, and we were very sorry to discover at the same time, that a few of the best students of the Toronto Schools were so unfortunate as to be included in the "black list." Some of these reached a high aggregate (from 70 to 80 per cent.), but came below 40 (or more correctly, under 38), on one subject, and in consequence, were rejected; not for the whole examination, however, but for that subject on which they received the low marks.

It adds a very unpleasant uncertainty to the results of examinations, when a certain number, who receive a high average of the marks should be rejected, while others, well known to have less knowledge, should be passed. There is, however, such an element of uncertainty in all examinations, which we must acknowledge, even though we very much regret it.

This year there appears to be a hardship in a few cases, and we think that in the future such accidents might be avoided, if the Council fixed a definite and reasonable rule, with reference to the standard required from the candidates. There has always been a mysterious vagueness about this subject. At one time 60 per cent. was required for a "pass without an oral," and now there appears to be some doubt as to whether 50 or 60 be the required percentage; and to add still further to the perplexity, the Examiners have (very properly we think),

assumed some discretionary power, and reduced the minimum to 40, or as low as 38. We think ample justice would have been done this year if the minimum had been reduced still lower. The Council might safely adopt the percentage required by our National University, *i.e.* 50 per cent. of an average on the aggregate, and 33 per cent. as the minimum on any one subject. This is considered a high standard, and certainly would seem so by comparison, when we consider the fact that it is only a few years since the Senate of Toronto University required simply 25 per cent. on all subjects. We believe, as a matter of fact, that such a standard is quite as high as is required for a simple pass, in any part of the world, and certainly higher than the average.

At the present juncture, having confidence in the honesty and ability of the examiners, we think the Council is bound to stand by their decision. Any other action would make the whole examination a sublime farce, and afford direct encouragement in the future to all rejected candidates to abuse, bulldoze, and "petition" against any examiners, who might have the temerity to pluck them, even though they richly deserved it. At the same time we would feel glad, if a special examination could be given, during the summer or fall, to those who obtained exceptionally high marks on the aggregate, but came a little below the mark on one subject.

One of the most unpleasant features of this excitement about the results of the examinations, is the fact, that grave charges have been made against Dr. Sullivan, of Kingston. There is always serious ground for suspicion as to the impartiality of a jury of rejected candidates, who meet in solemn conclave to discuss the merits of their examiners. We were deeply grieved to see in the daily papers a report of a meeting, held in Trinity School, on the 2nd of May, at which statements were made to the effect, that Dr. Sullivan had previously determined to pluck as many men from Toronto as possible, and conducted his portion of the examination with this object in view. The tone of the rejected was so extreme, that the public press of this city, both disapproved of it and ridiculed it. While duly respecting the feelings of candidates to whom the rejection was a matter

of very serious import, we feel sorry, that when deciding to petition the Council for favours, they should place themselves in a false position, by making unjust accusations against one of the Council's examiners.

In olden times we were accustomed to attribute deficiency in knowledge of the subject as a common cause of plucking, but such a contingency seems not to have occurred to the late rejected. They appear rather to have condemned Dr. Sullivan at once, when the results were known, and afterwards proceeded to search for evidence to prove his guilt. It is stated that paper with a different colour was used at Kingston, and in this way he was able to distinguish the Kingston from the Toronto men. In addition to this, we are told that the results show that the Kingston and Montreal men received higher marks in Surgical Anatomy than the Toronto students. From these facts, supposing them to be such, they jump at once to the conclusion, that Dr. Sullivan deliberately gave his own students high marks, and the Toronto students low marks, in order that he might pass the former, and reject the latter. If we supposed this to be true, we could only designate it as a criminal act, more malignant in character than any that has come under our notice in the history of examinations. If the members of the Council entertain any suspicion of the possibility of such a procedure on Dr. Sullivan's part, they can very easily investigate the matter by examining the papers of the different candidates, which, we suppose, are now in the Registrar's possession.

We published the final questions in our last issue, including those on Surgical Anatomy, and our readers can judge for themselves as to their character. No question is asked on any subject which is not taught in any ordinary course of Anatomy and Surgery. It is true, the students, who attended Dr. Sullivan's lectures on Surgery, may derive some advantage in being examined by their own lecturer; but even if we admit this, it does not necessarily follow, that the students of other schools, who knew their Surgical Anatomy should be rejected on a paper that contains no "catch" questions.

We now come to the important question in this discussion: Do our students pay sufficient

attention to the study of Anatomy? We know, to our sorrow, that in the past they did not, and we have reason to think that they do not even now spend sufficient time in the dissecting-room, where alone it can be properly learned. It is too much the fashion to rush through their dissections as rapidly as possible, and then depend on Gray, whose only redeeming quality lies in its excellent plates, while its general arrangement is as vicious as anything that could be conceived for the student, who wishes to learn his Anatomy perfectly, and has to undergo a practical examination on the dead subject. The schools are not at fault. Every facility is given to the students to dissect under thoroughly competent teachers, and while many make the most of their opportunities, others do not, because in the past they have found that they could manage to pass, and even get high marks by book-work alone. In the old countries, where the examinations are essentially practical, the students spend more time in the dissecting-rooms, in the first place dissecting themselves, and sometimes watching the work of others, receiving direct instructions from their demonstrators, and also listening to the demonstrations given to others. They continue at practical work up to the day of examination, on pickled specimens, dried specimens, wax or plaster preparations, skeletons, &c.

As a matter of fact, Anatomy can be taught here as well as in any place at the world, but a large number of our students pursue their studies simply with the dreaded examinations in view, and endeavour to get through these with a minimum amount of work. The Council, in their honest efforts to raise our standard, appear to have appreciated this fact, and decided to make the examinations thoroughly practical. Dr. Sullivan has, in our opinion, endeavoured to carry out the instructions he received faithfully and conscientiously. We regret the rather disastrous results, which, as before pointed out, we consider to be due to the high standard required, and to the fact that the students have not been accustomed to examinations so practical as those held this year. It should be remembered that Dr. Sullivan was not the only examiner who rejected candidates, as the following figures will show:

Among the finals, 31 were rejected in Surgical Anatomy, 15 in Practice of Medicine, 16 in Medical Pathology, 7 in Midwifery, and 5 in Surgery. After a consideration of these figures, it seems strange that only one examiner should be blamed, and we hope there is no truth in the rumour, that the students received any encouragement, either direct or indirect, from "high places," to make a personal attack on the honour and integrity of Dr. Sullivan. We have been unable to obtain the marks of the different candidates, and are, therefore, not in a position to discuss more minutely the merits of the question, but have felt it our duty to protest against the means adopted by those who doubt the impartiality of the examination. At the same time we would like to know how those numerous newspaper correspondents have been able to obtain so much information which has been denied to us.

We are glad to be able to say that the General Profession of this country most cordially approve of the efforts of the Council to improve the character of the examinations, and we hope they may be able to advance still farther, and in addition to the practical examinations in Anatomy and other primary subjects, institute Clinical Examinations in Medicine and Surgery.

UNIVERSITY SENATE ELECTIONS.—In the recent election the following gentlemen were chosen:—Messrs I. B. McQuesten, W. G. Falconbridge, and T. W. Taylor. We regret exceedingly the defeat of Dr. McFarlane, and why he should have been defeated no one seems to know, as it is generally acknowledged that he was one of the most efficient of the elected members in the Senate. By this action the number of Medical Senators is reduced from five to four, while it has generally been conceded that the fair proportion is five.

We have great pleasure in giving expression to the general consensus of opinion as to the efficiency and courtesy of the Medical Council's Registrar, Dr. Pyne, and at the same time have to acknowledge our personal obligation for his kindness on many occasions during the past year.

MONTREAL GENERAL HOSPITAL.

At a meeting of the Governors, held May 20th, Dr. Molson was appointed to the regular Staff, in the place of Dr. Reddy, resigned.

Dr. Gardner was placed on the Staff of the "out-door" department in Dr. Molson's place. The vote for this position was:—Dr. Gardner, 53; Dr. F. W. Campbell, 20; Dr. Reddy, jr., 9; Dr. Laphorn Smith, 1.

In accordance with a decision arrived at some time since, a new order of things has been instituted in the appointment of a Medical Superintendent, and Resident Assistants. Dr. James Bell has been appointed Medical Superintendent, and Drs. A. Henderson, of Montreal, J. A. MacDonald, of Panmure, P.E.I., and Frank H. Mewburn, of Drummondville, Ont., Resident Medical Officers.

It has been arranged to divide the attending Staff into Physicians and Surgeons, thus completing an arrangement, which for the last three years has been carried out with very satisfactory results, by Drs. Fenwick, Roddick, Osler and Ross.

DOMINION MEDICAL ASSOCIATION.—Dr. Canniff, the President of the Association, and others have been endeavouring to make arrangements with the railway and steamboat companies for reduced rates for physicians who attend the annual meeting which is to be held this year at Halifax, on Wednesday, the 3rd of August. The Minister of Railways, Dr. Tupper, has consented to give return tickets by the Intercolonial for a fare and one-third. The boat companies would like to have some idea of the number going before offering reductions. Those who intend going from Ontario are requested to send word to either the President, Dr. Canniff, of Toronto; the Vice-President for Ontario, Dr. Mullin, of Hamilton; or, the local secretary, Dr. Adam Wright, of Toronto.

MEDICAL COUNCIL ELECTIONS.—In the "Quinte and Cataraqui" division, Dr. Day, of Trenton, was elected by a majority of 45 over Dr. Tracy, of Belleville. In "Bathurst and Rideau," Dr. Cranston, of Arnprior, was elected by a majority of 32 over Dr. Killock of Perth.

MEDICAL COUNCIL EXAMINATIONS.

THE following Candidates passed the Matriculation Examination for Medicine, April, 1881:—

Geo. L. Johnston, Winthrop; Alex. McKillop, Crosby; Samuel McKeegan, St. Catharines; Duncan Gow, Wallacetown; Frank J. Dawson, Newmarket; John R. Logan, Trinity College School, Port Hope; Douglas Corson, Woodstock; C. A. Krick, Elcho; J. E. Midgley, St. Thomas; Elizabeth K. Beatty, Kingston; D. D. Ellis, Listowel; J. D. Dow, Pembroke; Jno. J. Sloan, Little Britain; A. R. Harvie, Orillia; F. C. Hood, Woodstock; J. N. Lannin, Willow Street, Toronto; Adelbert Hanna, Harlan; J. O. Orr, Aurora; F. W. Cane, Newmarket; J. H. Armitage, Newmarket; H. S. Birket, Hamilton; J. H. Kilgour, Mount Forest; J. W. Dougherty, Eden; K. W. McKay, St. Thomas; H. A. Wright, Toronto; D. M. DeCow, Dresden; H. Graham, Watford; R. J. Lockhart, Toronto; W. J. Gunne, Florence; C. F. Snelgrove, Toronto; C. J. McIntyre, Port Hope; K. A. Brown, St. Catharines; G. McDonald, Ingersoll; J. A. Watson, Toronto; J. C. Bell, Nairn; H. H. Hawley, Trenton; A. B. Osborne, Hamilton; A. J. Kippax, Brantford; E. A. Hall, Waterdown; Jno. MacDonald, Guelph; W. M. Brown, Woburn; H. C. Cunningham, Kingston; Angus Graham, Glencoe, Colling; A. E. Stuart, Sandwich; J. F. Thompson, Binbrook; L. Carr, Ryckman's Corners; R. D. Hart, Wilfrid; A. R. Hawks, Clearville; G. M. Harrison, Dunnville; A. J. Hunter, Orangeville; A. J. Ercvott, Merrickville; A. F. Little, Allandale; W. C. Cattnach, Cornwall; Osborne Totten, Paris; S. Morris, Strathburn; T. H. Mott, Mount Vernon; D. N. Carmichael, Manilla; W. A. Wilson, Markham; S. W. McConachie, Bowmanville; E. B. Robinson, Paris; F. H. Powell, Ottawa; H. R. Erskine, Ottawa; W. H. Murray, Galt; W. Donald, Goderich; Frank Beecher, Vittoria; J. J. Paul, Toronto; E. J. Eade, Kingsville; A. W. Campbell, Montreal; Nellie E. Reynolds, Toronto; T. B. Bolton, Toronto; G. C. Jones, Galt; W. A. Goodall, Galt; E. H. Bailey, Mount Forest; J. S. Freeborn, Galt; W. N. Robertson, Toronto; W. J. Mitchell, London; H. J. Mullen, Ottawa; J. E. Brown,

Tyrone; Geo. Fierheller, Sunderland; Peter Anderson Dewar, Kertch; Chas. Trow, Toronto; John R. Phillips, St. Catharines; M. C. McGannon, St. Catharines; Duke Kester, Brantford; B. S. Sheppard, London; W. J. Chambers, Paisley.

MEDICAL EXAMINATIONS.—Successful candidates passed by the Council of the College of Physicians and Surgeons of Ontario.—*Primary Candidates*—Allan, W. A.; Bedard, Eugene; Baugh, James; Burt, J. C.; Belt, R. W.; Bonnar, W.; Coulter, R.; Cameron, A.; Clendenan, G. W.; Colver, M. K.; Coughlan, R.; Denike, G. H.; Dowsley, G. C.; Eastwood, W. F.; Freel, I. A.; Gavillar, A. C.; Garrett, R. W.; Johnson, W. H.; Jarvis, C. E.; Johnston, Joseph; Jackson, J. M.; Lepper, W. J.; Meldrum, J. A.; McMahon, T. F.; McCausland, H. P.; Panton, A. C.; Rogers, S. R.; Robinson, W. J.; Rutherford, D. B.; Smith, A. D.; Snider, S. H.; Shore, J. E.; Stewart, J. M.; Wallace, R. R. *Third Year Candidates*—Bell, J. F.; Cleland, G. S.; Duncan, T. F.; Montgomery, D. W.; Rose, David. *Final Candidates*.—Aikins, H. W.; Alexander, R. F.; Berry, F. R.; Bingham, G. S.; Cameron, Paul; Clarke, J. G.; Duncan, J. H.; Emory, C. V.; Edmondson, W. C.; Fraser, H. D.; Gray, W. L.; Gibson, W. J.; Heyd, H. E.; Jones, A. C.; Jamieson, J.; Josephs, G. E.; Lennox, L. J.; Lavell, W. A.; Mearns, W. A.; Machell, A. G.; McGannon, E. A.; McLain, George; McGurn, J. S.; Oldham, E.; O'Shea, J. F.; Robinson, Jonathan; Reynolds, T. W.; Rogers, D. H.; Simpson, J.; Sweetnam, L. M.; Snow, W. H.; Tracy, W. J.; Woolverton, F. E.; Walker, John; Wilson, E. S.; Wallace, David; Wagner, G. C.

TRINITY COLLEGE MEDICAL EXAMINATIONS.—The following were the successful candidates in the final branches:—W. A. Allen, G. S. Beck, J. Baugh, C. W. Bolton, T. G. Brereton, L. Bentley, M. L. Cameron, J. Ferrier, C. M. Freeman, A. H. Ferguson, H. K. Kerr, F. S. Keele, L. J. Lennox, Playter May, W. F. McLean, H. R. McGill, George McLain, H. P. McCausland, J. A. Macdonald, H. Mickle, W. F. Peters, R. Raikes, E. A. Spilsbury, J. Simpson, T. Sullivan, T. H. Stark, A. McC. Sloan, E. A. Sutt, J. C. Urquhart, J. Walker, F. E. Woolverton.

THE TEACHING OF ANATOMY IN TORONTO.

In the slaughter of the innocents on the subject of Surgical Anatomy at the recent examinations, held by the Ontario Council of Medical Education and Registration, some misinformed, or wilfully blinded persons have affected to see a significant and injurious condemnation of the teaching of anatomy in this city. To our minds, however, and we have a personal cognition of the facts, the inference is far other, and both the cause and the remedy of the evil patent. It has been no secret for a long time past that our Canadian students, on visiting the Old Country, fell behind their English brethren only in the subjects of anatomy and physiology, being fully their compeers, if not superiors, in the other subjects of the curriculum. The reason for the decadence in these two particulars (for in the olden times of self-taught anatomy in this country our native students—among whom the names of Richardson and Bethune may be cited as honourable examples—did not fail to carry off the palm for the use of the scalpel in friendly strife with Old World men in Old World schools) was not far to seek when the respective modes of teaching came to be investigated. In recognizing the practical character of the one and the didactic of the other, and strenuously emulating, within the last five years, the good example of the Motherland, the University of McGill, and the Royal College of Kingston, have displayed their providence and wisdom, and compel us to exclaim with fervent approbation, "*Rem acu tetigisti!*"

Although comparisons are odious, and the appraising of the respective merits of men invidious, we do not hesitate to deny vehemently, in view of the fact that in the minds of some, our teachers of anatomy have suffered disparagement, that Dr. Sullivan is a better anatomist, or a better teacher of anatomy than Dr. Richardson. The latter's well-known indefatigable zeal in lecturing on his subject, his punctuality, accuracy and thoroughness; his high attainments in anatomy in the Old World; his eloquence, fervor and insistence, have combined to build him up a reputation throughout the Province of Ontario, and beyond it, which will

not pale in the presence of the brightest luminary of the scalpel.

Doubtless those who know best the Lecturer on Anatomy in Trinity Medical School, will be prepared to asseverate as much on his behalf. Such being the case, the inevitable conclusion is that anatomy is not less well taught in Toronto, than elsewhere; but that it is less well-learned, the result of the examination in question, appears to render undeniable. The simple remedy is: more personal dissection, longer and more assiduous patient study of the cadaver, forceps and knife in hand. Lectures on anatomy, however eloquent, the knowledge acquired, however painstakingly, from books and plates (being after all but aural instruction—the recital of what other men have seen) will not suffice; it is more fleeting than the moments in which it was acquired. Familiarity by sight and touch alone will secure the stamina and confidence so much needed at a practical examination. If Dr. Sullivan has succeeded in bringing home this cardinal fact to the minds of those most interested, he deserves well of them, of the profession, and of the community at large. For it is as true to-day as it was when that acute observer of men, the poet Horace, penned the lines:—

"*Segnius irritant animos demissa per aurem,
Quam quæ sunt oculis subjecta fidelibus.*"

Dr. T. W. Mills, in a letter to the *Canada Medical and Surgical Journal*, says: "It gave my Canadian ears great pleasure to hear Dr. Coupland, in his lecture on Anæmia before the Royal College of Physicians of London, refer in the same breath to the investigations in the pathology of the subject by 'Pepper, Cohnheim, and Dr. Wm. Osler, of Montreal, a member of this College.'"

Dr. A. H. David, on account of ill health, has resigned his position as one of the representatives, Bishops College, on the Medical Board of the College of Physicians and Surgeons, Province of Quebec.

ERRATUM.—In the first question in *Medical Jurisprudence* in our last, for "twins," read "burns."

ONTARIO MEDICAL ASSOCIATION.—We are glad to be able to announce that the first meeting of this Association is likely to be a very successful one. The provisional secretary, Dr. White, has displayed a wonderful amount of energy in bringing the question thoroughly before the Profession of the Province, and has received the most encouraging promises of cordial and hearty support from all quarters. The following are the subjects of some of the papers promised:—Aneurisms, by Dr. Cockburn, Oshawa. A case of Hip-joint Disease, of 55 years' standing, with Osteophytes. And "The Disposal of Sewer Gases," by Dr. Oldright, Toronto. Forward displacement and descent of Uterus, and description of new Anteflexion Pessary, by Dr. Rosebrugh, Hamilton. A case of Obscure Cerebral Disease, by Dr. Canniff, Toronto. Supra-public Lithotomy, by Dr. Groves, Fergus. Laryngeal Phthisis, by Dr. Palmer, Toronto. The Science of Medicine and Common Sense, by Dr. Curry, Rockwood. Progressive Pernicious Anæmia, by Dr. King, Toronto. A case of Epiphyseal Separation at upper ends of both tibiæ, with plaster casts and photographs, by Dr. Powell, Edgar. Therapeutical uses of Sapo Viridis, by Dr. Graham, Toronto. Treatment of Night-Sweats, by Coto Bark, by Dr. Stewart, Brucefield. Notes on a case of Empyema by Dr. Yeomans, Mount Forest. — By Dr. Mackelcan, Hamilton.

Dr. William Smith Greenfield, late of St. Thomas' Hospital and Professor in the Brown Institution, has been unanimously elected to the chair of Pathology in the University of Edinburgh. He will conduct the class in Practical Pathology this summer, but will not enter on clinical medicine until the winter.

TORONTO MEDICAL SOCIETY.—The election of officers resulted in the election of Dr. Daniel Clark, President; Dr. Graham, 1st Vice-President; Dr. Oldright, 2nd Vice-President; Dr. Macdonald, Treasurer; Dr. Davidson, Recording Secretary; Dr. Sheard, Corresponding Secretary; Dr. Adam H. Wright, Dr. Leit and Dr. Spencer, members of the Council.

ST. THOMAS'S HOSPITAL OUT-PATIENT DEPARTMENT.—The public know but little of the vastness of the work done, in an unobtrusive way, in the out-patient departments of the various hospitals throughout London. We have received some statistics with reference to St. Thomas's which are of interest in this connection. No fewer than 76,605 cases in all were treated at that hospital alone as out patients during 1880; of this large total, over 44,000 are set down to surgical casualties, while the cases of medical emergencies amounted in round numbers to 7,900. The out-patient physicians had over 6,000 cases, the out-patient surgeons over 4,000 cases, regularly under their care; and the obstetrical department was not less active, for nearly 4,000 women suffering from diseases peculiar to their sex were treated as out-patients; in addition, 2,122 women were attended in their confinements at their own homes, making an average of over forty such cases a week for the whole year.

We are pleased to announce that Dr. McPhedran, of this city, whose mastoid process Dr. Reeve, assisted by Drs. Rosebrugh and Oldright, found it necessary to trephine on the 19th ult., is progressing satisfactorily. The cells were not reached until three-fourths of an inch of bone had been traversed.

VICTORIA UNIVERSITY.—At the Convocation held in Cobourg on the 19th of May, the honorary degree of LL.D. was conferred upon Dr. Wm. T. Aikins, the President of the Toronto School of Medicine.

The degree of B. Sc. was conferred upon J. A. Clarke, M.A., M.D.; C.M. was conferred on G. B. Smith, M.D., H. Watt, M.D., A. W. Campbell, M.D., and J. V. White, M.D. In addition to those mentioned in our last issue, Dr. Thos. Chisholm, of Arthur, received the degree of M.D.

COLLEGE OF PHYSICIANS AND SURGEONS. PROVINCE OF QUEBEC.—At the Matriculation Examination held May 5th and 6th, there were 57 candidates, of whom 18 were successful, while 39 were rejected.

Obituaries.

GEORGE PHILIP DEGRASSI, M.D.

It is with much personal and general regret that we are called upon to chronicle the death of our old friend and fellow-labourer, George Philip DeGrassi, at the early age of thirty-nine. The cause of death was cerebral meningitis, perhaps consequent upon old middle ear disease. Dr. DeGrassi was the son of the late Alfio DeGrassi, a well-known resident of this city for many years, and grandson of the late Captain DeGrassi, who served in the Peninsula under Napoleon Buonaparte, and subsequently held a commission in the British service. To the British throne he and his descendants have ever been the most loyal of subjects. Dr. DeGrassi received the Baccalaureate, in Medicine, of the University of Toronto in 1862—securing the gold medal in the face of the keenest competition. After graduation he began practice in the village of Newbury, where he remained until the outbreak of the civil war in the neighbouring Republic, when he joined the army of the North. On his return to Canada, he settled in Toronto, where he resided and practised up to the time of his death. An active politician and a whole-souled Conservative, his absence from the election contests of the future will be greatly felt; a man of large proportions and handsome countenance, his familiar face will be much missed on his accustomed rounds; and at the sick-bed, those only who had personal experience of his kindness of heart and gentleness of manner will fully appreciate their loss.

We regret to announce the death, on the 21st of April, of Prof. Ludwig Waldenburg, of the University of Berlin. Dr. Waldenburg was Physician to the Charité Hospital, and Editor of the *Berliner Klinische Wochenschrift*. He had devoted much attention to respiratory affections, was the author of a treatise on the subject, and inventor of an apparatus for the inspiration of compressed air.

Dr. J. P. Nash, Mayor of Picton, died May 14th, at the age of 42.

Dr. Charles V. Berryman, at one time one of our most prominent and active practitioners in Toronto, died on the 2nd of May, at the age of 51. He graduated in medicine in the University of Victoria College, in 1857, and received the degree of M.A. from the same institution in 1861. He was lecturer on *Materia Medica* and Therapeutics for some years in Victoria Medical School, member of the Ontario Medical Council, from 1866 to 1880, and a Physician to Toronto General Hospital for many years. He also took an active interest in municipal matters in Yorkville, and held different positions in the Town Council.

Among the victims of the boating disaster at London, Ont., on the Queen's Birthday, was Oronhyatekha, aged 10, son of Dr. Oronhyatekha.

Dr. P. H. Bryce has returned from Europe and commenced practising in Guelph. Dr. Jno. Ferguson has also returned, and intends to settle in Toronto.

PERSONAL.—Dr. Reeve, of Toronto, sailed for England by the *Parisian* on the 21st of May. He expects to be away three months. Dr. Johnson, of Yorkville, has also gone for a trip to Europe.

Regarding compression of the ovaries in producing hystero-epilepsy, as discovered by Charcot, it is acutely observed by Kussmaul that if you take a man and squeeze his testicle hard enough you can make him have a spasm.

APPOINTMENTS.

Dr. J. W. Leslie, to be Assistant Surgeon "Queen's Own," Toronto; *vice*, Dr. Bethune, resigned.

Dr. H. E. Vaux, Assistant Surgeon, to be Surgeon "Brockville" Battalion of Infantry; *vice*, Dr. Wm. Mostyn, deceased.

Dr. H. A. Higginson, to be Assistant Surgeon, "Prescott" Battalion of Infantry; *vice*, Dr. Ewing, promoted.

Book Notices.

Announcement of the Bellevue Hospital, Medical College, New York, Session of 1881-1882.

Vox Humana; or, The Art of Singing, from a Medical Point of View. By HERBERT JUNIUS HARDWICKE, M.D., Sheffield.

Ninety-Eighth Annual Catalogue of the Medical School (Boston), of Harvard University, 1880-1881, Cambridge. CHAS. W. SEVER.

On Unnecessary Surgical Operations in the Treatment of the Diseases of Women. By CLIFTON E. WING, M.D., Boston.

Eighth Biennial Report of the Illinois Asylum for Feeble-minded Children, at Lincoln, Springfield. H. W. ROKKER.

Report of the Asylum for the Insane, London, for the year ending 30th Sept., 1880. By R. M. BUCKE, M.D., Superintendent.

Thirty-Eighth Annual Report of the State Lunatic Asylum, Utica, N. Y., for 1880, Albany. Weed, Parsons & Co., Printers.

The Illustrated Scientific News, for May, 1881. Price \$1.50 per annum. Munn & Co., Publishers, 37 Park Row, New York.

Question of Shortening in Fractures, Dr. Hamilton's Reply to Dr. Sayre. (Reprinted from the N. Y. Medical Record.)

Excision of the Rectum for Malignant Disease. By N. SENN, M.D., Milwaukee, (Reprint from "International Journal of Medicine and Surgery.")

Transactions of the American Otolological Society. 1880.

This Report of the thirteenth annual meeting of the society contains in good form various interesting and instructive papers and clinical records, and is a fit companion volume to the Transactions of the sister society.

Photographic Illustrations of Cutaneous Syphilis. Forty eight plates from life, coloured by hand. By GEO. HENRY FOX, A.M., M.D., Clinical Lecturer on Diseases of Skin, College Physicians and Surgeons., New York. New York: E. B. Treat, 757 Broadway.

We are in receipt of parts 7, 8 and 9 of this most excellent work, containing plates xxv. to xxxvi. inclusive. The subjects illustrated are Syphiloderma Tuberculosum, T. Ulcerativum, T. Squamosum, T. Crustaceum, T. Serpigoinosum, Pustulo Crustaceum (Scrofuloderma Ulcerativum by way of contrast), and Syphiloderma Gunmatosum. The high degree of artistic excellence attained in these plates, and their truthfulness to the living realities they represent disarm all criticism. We can only reiterate the commendation we have before expressed, and advise all who have not had the advantage (and even those who have) of a very wide clinical experience of the Protean phases of Syphilitic skin affections to acquire these very helpful plates in perplexing cases. The letterpress itself is well worth possessing.

A Treatise on the Materia Medica and Therapeutics of the Skin. By HENRY G. PIFFARD, A.M., M.D., Prof. Dermatology, University of the City of New York. New York: Wm. Wood & Co. 1881.

This work is the February number of *Wood's Library* for 1881; and constitutes quite a new departure in dermatological literature. An alphabetical order is adopted throughout both the materia medica and the nosological lists. Part I. consisting of 117 pages is devoted to the materia medica, and the following plan is observed: First, the name of the remedy is given together with that of the pharmacopœia (if it be pharmacopœial) in which it is found. Then follow brief statements of its effects upon the healthy skin when administered internally, and when locally applied, the therapeutic effects upon the diseased skin when medicinally ingested and on topical application. An appended figure also affords a reference to the bibliography which accompanies the work. This section although short is very complete and includes the latest as well as the earliest remedies for

skin diseases. Part II. comprising some 200 pages is devoted to therapeutics (electricity and cautery included). The plan pursued here is to take up the recognized affections of the skin in their alphabetical order, briefly note their definition and description, diagnosis, prognosis, and etiology and then deal *in extenso* with the treatment. The author's name is a sufficient guarantee of the thorough and scientific character of this part. We can only add the latest researches and most recent contributions to the subject appear not to have been overlooked. A fair formulary is appended but we see no notice of green soap.

The Diagnosis of Diseases of the Spinal Cord.

By W. R. GOWERS, M.D., F.R.C.P. Second edition, with additions and illustrations. London: J. and A. Churchill, New Burlington Street. 1881.

The first edition of the reprint of this lecture, delivered in 1879 before the Medical Society of Wolverhampton, was soon exhausted in consequence of the favourable notice it received at the hands of the medical press, and the admirable manner in which it was found to fill the great lacuna until then existing in English medical literature. Indeed, apart from Charcot's lectures on the Cord, we have not met with any work dealing so fully, philosophically, and lucidly with the intricate, and barely investigated subject of which it treats. Here we find set forth in brief, but with that lucidity of style and breadth of grasp which, in his other writings, have already made this youthful and accomplished author famous, the Medical Anatomy of the Spinal Cord, Its Physiology in relation to its Nosological Symptomatology; The Anatomical Diagnosis and the Pathological Diagnosis of the affections to which it is subject, together with the citation of illustrative cases; the whole made plainer by a score of wood-cuts and a coloured plate illustrating some ten sections of the cord in some of its more important lesions. Within the small compass of 84 pages the work covers so much ground that want of space forbids our following the discussion of the many controverted questions involved. Suffice it, e.g., to say that the section

on tendon reflex which was before imperfect and inaccurate has, in this edition, been rewritten and now certainly presents the most rational description and explanation extant. The term Tendon Reflex is condemned; and myotatic contraction suggested in its stead, it being satisfactorily demonstrated that the phenomenon depends on muscle reflex irritability alone. Few books have been published in recent times from which so many men will learn so much.

The Hygiene and Treatment of Catarrh. By THOMAS F. RUMBOLD, M.D., St. Louis. G. O. Rumbold & Co., St. Louis. 1881.

The author has for a number of years given enthusiastic attention to the elucidation of his favourite specialty; and we regret that the work in which he incorporates the results of his labours and experience should be marred by defects which are not trivial. In the first part, published separately a few months ago, the various hygienic and sanitary measures appropriate to catarrh are pretty fully considered. The baneful effects of tobacco on the naso-pharynx and tympanum are forcibly set forth. The author takes ground against the nasal douche, which he, in common with many others, has found to be often both ineffective and injurious; and he advocates the use of sprays, the snuffing of liquids from the hard sponge, &c.

In the second part, tubal and aural as well as naso-pharyngeal catarrh, with the therapeutic and operative measures involved, are considered. At various points the author steps out of the beaten track, and sometimes reaches conclusions which do not accord with the dicta of the authorities. He holds that the air continually permeates the Eustachian tube into the tympanic cavity, and that this passage is not open during deglutition; that the air in the tympanum is normally rarefied, causing the uniform concavity of the drum-head. Abnormal patency of the Eustachian tube is regarded as not infrequent, though too often unrecognized.

There is a good deal of useful and suggestive matter in the work, but its construction is bad, and the frequent allusions of the author to him-

self are distasteful. Moreover, the volume is replete with glaring violations of the simplest grammatical rules, which we would fain hope can be honestly laid upon the already burdened shoulders of that scape-goat, the proof-reader. For the credit of the profession, the author, and the publisher, an expurgated edition in much better dress is called for.

A Treatise on Albuminuria. By W. HOWSHIP DICKINSON, M.D. Cantab, Physician to St. George's Hospital and Hospital for Sick Children, etc. Second edition. New York: William Wood & Co. Toronto: Willing & Williamson.

This excellent treatise forms the first volume of "Wood's Library of Standard Medical Authors" for 1881. As a writer on "Diseases of the Kidneys," Dr. Dickinson has been well known for many years. In this work he treats of tubal and diffuse nephritis, granular kidney, and lardaceous disease. His views on these subjects have not changed materially since the issue of the first edition in 1868, but he has elaborated some points more fully, and has re-written some portions.

Two new chapters are found in this edition. One treats of the "Condition of the heart and arteries in chronic renal diseases." In discussing the theories as to the cause of the hypertrophy of the arteries and left ventricle, he discards entirely the view of Gull and Sutton, that these changes are simply part of a general condition, to which they give the name, "arterio-capillary fibrosis," and which they say is not due to renal deficiency.

He also objects to the idea of the existence of any antagonism between the heart and arteries with arterioles, as included in the "stopcock" theory of George Johnson. He believes that this condition of the vascular system is caused directly by capillary hindrance to the passage of blood vitiated by imperfect renal action, thus accepting the essential points of the views enunciated by Bright many years ago. In the second new chapter on "Retinal Changes from Albuminuria," he describes serous infiltration, hæmorrhages, and the white spots of fatty degeneration, and considers that

albuminuric "retina" would be a more correct term than "retinitis," because the latter signifies an inflammatory process which is not usually associated with the changes described.

The author gives an exhaustive description of the diseases mentioned, including the opinions of others, and at the same time the results of his own extensive researches. He gives causes, symptoms, pathology, and treatment, and illustrates his views by reports of cases in such a way as to make the whole book thoroughly instructive and interesting. The numerous plates, many of which are coloured, add still more to the value of the work. Altogether, it is well worthy of the post of honour as the first in the series for the year.

Syphilis and Marriage. Lecture delivered at the St. Louis Hospital, Paris. By PROF. ALFRED FOURNIER. Translated by P. Albert Morrow, M.D. New York: D. Appleton & Co., 1, 3 & 5 Bond St. 1881.

Syphilis in marriage is a subject upon which every practitioner of medicine is bound to hold an intelligent and reasoning opinion. The circumstances in which he is liable to be called upon to formulate that opinion, and the momentous and far-reaching character of the issues involved must make him pause before reaching a conclusion based upon a limited individual experience. In the work under present consideration will be found the materials for a just decision, and, what is more, the clearly defined and enunciated views of a master who has devoted a lifetime to the subject, and viewed it in its every phase. It will not be a matter of surprise, therefore, that thoroughness of treatment, delicacy, tact and ingenuity in handling the subject are characteristics of the work. The subject is broadly considered under two chief conditions, viz.:—Before marriage and after. In the former, after disposing of certain preliminary questions, the following topics are successively considered, in so many chapters: Direct Contagion, Syphilis by Conception, Paternal Heredity, Mixed Heredity, Maternal Heredity, Personal Dangers of Husbands, Conditions of Admissibility to Marriage (Absence of Actual Specific Accidents—Advanced Age of

Diathesis), Prolonged Period of Immunity (Non-Menacing Character of Diathesis), Sufficient Specific Treatment, The use of Sulphur Waters. Of these it need only be said that each is treated with the universally acknowledged originality and ability of the author. The opinion is strongly stated that the simple fact of a man's once having had syphilis is not necessarily a bar to marriage; but the right to marry is hedged about with so many conditions of such rigour and exactness that few will, we believe, be found amongst the unfortunate in this country to comply therewith. The view that the offspring of syphilitic parents, even if not syphilitic, may present a debilitated constitution as a modified expression of the diathesis is ably maintained, and attention is directed to the occurrence, not sufficiently recognised, of sudden death in infants without apparent cause as a striking result of the intoxication. Meningitis, too, is mentioned as a common consequence. Before sanctioning the marriage of a syphilitic subject, our author exacts of him a delay of a "minimum period of three or four years devoted to a most careful treatment;" and although Mr. Jonathan Hutchinson, whose authority as a syphilologist the world acknowledges, has expressed the opinion in his preface to Lingard's English Translation of this very work, that in many cases this rule might with advantage be relaxed, yet we cannot but feel that in this respect our author pursues the safest course, and surely in this matter the safest course is best. Cerebral syphilis, or any tendency to an intracranial manifestation is regarded as an express interdiction of marriage. The test of the presence of syphilis by sulphur baths, and their reputed revealing action is characterized as a legend to be abandoned. The after-marriage aspects of syphilis are then considered from the point of view of Husband, Wife, and Child; and the "Dangers to Society" through nurses and nurslings are not omitted; after which fifty-six pages of notes and illustrative cases complete a volume of rare excellence and pressing interest to all classes of society. The translation, although many sentences are strangely Gallicised, is on the whole well rendered, and if our memory serves, presents a literal and faithful reproduction of the eloquent *leçons* of the learned Professor of Dermatology of the Paris Faculty, and distinguished Surgeon of the Hôpital St. Louis.

Lectures on Diseases of the Nervous System, Especially in Women. By S. WEIR MITCHELL, M.D., with five plates. Philadelphia: Henry C. Lea's Son & Co. 1881.

Under this title, Dr. Mitchell publishes a series of thirteen most interesting and instructive lectures. The subjects treated of are: The Paralysis of Hysteria, Hysterical Motor Ataxia, Hysterical Paresis, The Mimicry of Diseases, Unusual Forms of Spasmodic Affections in Women, Tremor and Chronic Spasms, Chorea of Childhood, Habit Chorea, Disorders of Sleep in Nervous Persons, Vaso-Motor and Respiratory Disorders in the Nervous and Hysterical, Hysterical Aphonia, Hysterical Gastro-Intestinal Disorders, and lastly the treatment of Nervous Exhaustion and Hysteria by Seclusion, Rest, Massage, Electricity and Full Feeding. All the chapters contain many practically profitable suggestions and directions, and are illustrated by the citation of curious and interesting cases which will doubtless help to elucidate many perplexing and obscure phenomena occurring in the future experience of others. The vernal seasonal occurrence of chorea, its urban predilections and more frequent occurrence in the white race, are well brought out and the five plates are intended to illustrate the first of these topics. The storm area element in chorea appears to be analogous to that earlier observed by the author in neuralgia. The treatment of Hysterical Disorders by the author's plan as first set forth in his "Fat and Blood, and How to Make Them" has proved equally successful in the hands of Mary Putnam Jacobi, and other careful and accurate observers, and we can only recommend it to our readers' notice in the hope that they may thereby secure as good results in the management of these really distressing maladies. It would have been a matter of much interest to have had an account of our author's experience of hysterical temperatures. "The elements out of which these disorders arise are deeply human and exist in all of us in varying amount, while many of the determining and conditioning factors come from accidental, or, at least, external agencies." Their manifestations are accordingly common—perhaps commoner than we recognise or suppose; and it behooves us, therefore, diligently to acquire what insight we can into their nature, causes, cure and prevention. We assure our readers that this last little book of Dr. Mitchell's offers to all a helpful hand in that direction.