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PHENOMENA OF LIFE MAINTAINED AND CONTROLLED
BY TWO ANTAGONISTIC PRINCIPLES OF
INNERVATION.

"Curatio contrariorum per contraria."

BY J. O. FREEL, M D, MARKHAM, ONTARIO.

On the extirpation of the superior cervical ganglion, the capillaries of all parts thus deprived of sympathetic innervation instantly become congested, with consequent augmentation of temperature. On the contrary, destruction of the fifth nerve induces instantaneous capillary exsanguination of all parts thus deprived of trigeminal influence.

Now, by logical induction, it must be inferred, as a natural sequence, that the same antagonistic principles extend to the whole of the two nervous systems. "What is true of a part, is true of the whole." It is evident, too, from the resulting phenomena, that the two systems normally maintain an equilibrium of action commensurate with the due performance of organic function that the neurilemma of the sensory nerves must contain centrifugal nerve-fibres, endowed with the special function of dilating the capillaries, and that the sympathetic ganglia must send out nerve-fibres, whose special function is to contract these vessels. Without such antagonistic action, no such phenomena could possibly be produced.

It is proved beyond a doubt, that the cerebro-spinal and the sympathetic centres possess very different degrees of impressive susceptibility. While the cerebro-spinal respond to the least possible influence, the sympathetic are only affected by an intensified impressive force. Hence, in all ordinary vital actions, the sympathetic force remains stationary. The necessary changes in the capillaries for nutrition, secretion, and, in short, for all other functional requisites, are effected by the cerebro-spinal alone.

It is proved by experiments, that an impulse sufficiently potent to impress fully the sympathetic centres, produces a regular, intractable, prolonged and more forcible action, than it does on the cerebro-spinal centres, hence, a general law, which is capable of explaining every vital phenomenon. That a determinate supply of blood is an indispensable requisite to the healthy performance of organic functions, is a self-evident truth, while too much overwhelms, too little enfeebles, and a complete suppression suspends animation, and, if continued, must extinguish life itself. The experiments on the stomach of St. Martin furnish a convincing illustration of the existence, and the operation of a general law of antagonistic capillary innervation. When the stomach was empty the mucous membrane was pale, and no gastric juice secreted, but instantly, on the introduction of food, the mucous membrane became reddened, and the solvent began to flow. On the removal of the ingesta, the membrane became again pale, and the secretion of the gastric fluid ceased. Here the exalting influence of the food on the sentient extremities ramifying on the mucous membrane, is conveyed to their centres, and, instantly elevating the force of the centrifugal capillary expanding fibres, produces a sufficient supply of blood for the elaboration of the gastric fluids, but on the removal of the ingesta, the sentient nerves—no longer feeling the exalting influence of the centres—resume their normal status. So, the instantaneous congestion of the mucous membrane of the uterus, on the impregnation of an ovum, and the contraction of the vessels after the expulsion of the foetus and the placenta, prove further the existence of a general law. Exalting and depressants are the only agents in the least capable of influencing these dynamic forces, this being self-evident, requires no proof.

The only possible means of ascertaining accurately the characteristic phenomena of each class, is to note carefully the symptoms produced by an agent universally admitted to belong to a certain order. Then, all influences producing like phenomena, must be a species of

the same genus, while all inciting opposite characteristics, must be antagonistic. Alcohol may be taken as a representative of the exalting class. Heretofore, it has been absurdly held by our professional law-givers, that a small quantity of alcohol stimulates, while a larger quantity induces sedation. This theory requires the therapeutic action of the agent to dimetrically change, or the physiological laws to be reversed; either requirement involves a solecism of the grossest nature. Every action must inevitably increase, in an exact ratio, with the augmentation of the incitant. It requires no reasoning to prove that a quart is eight times greater than a gill, and therefore must contain eight times the amount of stimulus.

The influence of alcohol first effects the more susceptible cerebro-spinal centres, and elevates their *vita nervosa* above that of their antagonists, and the following phenomena ensue: pupils dilated, skin flushed, circulation and respiration increased, organic functions augmented, exhilaration, indisposition to sleep or repose. But when enough has been imbibed to exalt the more powerful sympathetic centres, contracting innervation soon preponderates, and produces the following phenomena: pupils contracted, skin cool and pale, circulation and respiration diminished, organic functions diminished, mental obtuseness, sensibility lessened, disposition to sleep. The exalting influence still increasing, profound insensibility and death closes the scene. Complete occlusion of the capillaries suspends all functional action, and extinction of animation is an inevitable consequence.

The effects of opium on the system possess all the essential characteristics of alcoholic phenomena to entitle this drug to rank as a species of the exalting genus. Its *modus operandi* in inducing sleep, allaying pain, and arresting colliquative alvine evacuations, is easily explained. When its action becomes sufficiently potent to exalt sympathetic innervation the capillaries are contracted throughout the whole system, and the brain being thus deprived of its usual quota of the element from which all functional activity is derived, becomes, in a degree corresponding with the exalting action, insusceptible of impressions, and, therefore, incapable of perception and of volition, and consequently unconscious of pain. If this lethean state is not actually Somnus himself, it is certainly Morpheus, his son and prime minister.

In the same manner the intestinal secreting organs, being deprived of blood, their functions are suspended, and the discharges depending on the fluid are arrested.

Having thus noticed briefly the characteristics of exaltant influence, we proceed to that of a diametrically opposite character. It is evident that the characteristic phenomena of depressant action must be the reverse of those of exaltant. Depressant influence according to this natural law, must first take effect on the more susceptible capillary dilating centres, and consequently depress their force below that of their antagonists, the sympathetic force thus being in the ascendant contracts the capillaries, and produces pallidity and contracted pupils but as soon as the depressing influence reaches the sympathetic and sends down the contracting innervation below that of the dilating the capillaries expand, the skin is reddened and the pupil expanded. We select belladonna as a representative of the depressant class, symptoms, 1st stage: pupils contracted, pulse small and quick, skin cool and pale, mental calmness, sensibility lessened, organic functions inactive. The sympathetic centres becoming depressed in turn usher in a 2nd, stage: pupils dilated, pulse slow and full, great desire to sleep, skin flushed, insensible to pain, profuse perspiration, and finally convulsions, profound insensibility and death from entire exhaustion of innervation.

That the influences of opium and belladonna are in direct opposition is further proved by the discovery, that they mutually counteract each other. In like manner, belladonna counteracts alcoholic exaltation. A certain therapist of this place occasionally partakes too freely, comes home and takes a large dose of belladonna, and in half an hour is perfectly sober.

In short, exaltants first dilate the capillaries and thereby expand the pupils, then contract the capillaries and thereby close in and contract the pupils, while depressants first contract the capillaries and thereby diminish the size of the pupils, then dilate the capillaries and thereby expand the pupils. The size of the pupils always correspond with the condition of the vessels, an explanation of this concurrent action will be given hereafter

It is evident from the symptoms in the forming stage of disease that all morbid influences act as direct depressants. Among the premonitory manifestations are paleness, languor, listlessness, indisposition to active exertion, with universal perversion of function, and finally a chill. The calorific process of insensible combustion being carried on principally in the capillaries it inevitably follows that the partial occlusion of these vessels must reduce the temperature. Exaltants then, are the only agents capable of counteracting morbid influences, to act in conjunction with disease in reducing still lower the nervous forces, is to

endorse the absurd doctrine "*similia similibus curantur*" To carry out to the full extent the principles enunciated by Hahnemann would doom every patient to premature death Like can never cure its like under any possible circumstances either in a physical or moral sense. To strike a man already knocked down, in order to help him up, is homœopathic theory illustrated.

Morbific influences being clearly depressant in all cases, the only scientific treatment is indicated in the motto "*curatio contrariorum per contraria.*"

The complete establishment of this general law would elevate the profession of medicine to an absolute science and consign all shades of quackery to an inevitable doom It is the palpable absurdities, uncertainties and illogical deductions, that induce men of culture to place their lives in the hands of those whose '*infinitesimal*' doses have no effect on the system.

There is no doubt but all metallic preparations in small doses act as exaltants, and only act as depressant when given in sufficient quantity to irritate or corrode "Poisoning" is a term expressive of no pathological or physiological condition. Arsenic produces death through depressant irritation and corrosive sublimation by corroding the *primæ viæ* and thus exhausting intervention Depressants, as well exaltants, have a large range The least disagreeable sensation or unpleasant emotion acts as a depressant, while the opposite acts as an exaltant.

From the experiments of the Webers we learn that electricity contracts powerfully the small arteries, and is therefore an exaltant, consequently is contra-indicated in the alcoholic and opium insensibility, but in that arising from a real depressing influence, its powers are herculean.

Nature seems to have displayed in a remarkable degree her beneficent intentions in placing in the most conspicuous position possible a test that indicates with unerring precision the least variation of the relative action of the antagonistic dynamic forces. The iris is a perfect *neurometer*, but before discussing its importance in diagnosis we must enquire into its anatomical structure. The author of the "Dublin Dissector," says "it is not generally agreed on, whether the fibrous appearance of the iris depends on the peculiar arrangement of its vessels and nerves, or whether it possesses a true muscular structure."

It is now generally held by anatomists and physiologists

that the iris is composed of radiating and circular muscular fibres. If this be its true structure what rational explanation can be given of the *modus operandi* in the production of its various phenomena? The lenticular ganglion receives its power through its motor root from the third nerve, and the iris being wholly supplied with nervous influence by the short ciliary from the lenticular and the long ciliary from the fifth nerve, after the destruction of the third nerve what remaining nervous force could possibly contract the radiating and at the same time dilate the circular muscular fibres, as the branch of the fifth giving off the long ciliary, possesses all the evidences of a nerve of pure sensation? Why do all other muscles supplied by the third remain flaccid? What nervous force could render the pupil immovably dilated? How does destruction of the third cause disorganization of the eye? After destruction of the fifth nerve, how can the lenticular force alone contract the circular and dilate the radiating muscular fibres, thereby rendering the pupil immovably contracted? How account for contraction of the pupil and disorganization of the eye with loss of function in the nerves of special sense after extirpation of the superior cervical ganglion? What philosophical explanation can be given of the influence of light in contraction of the pupil?

The muscular hypothesis has given rise to more absurd conjectures in physiology, than even, if possible, the untenable doctrine of Hahnemann in medicine. Thus the *stimulus* of light, the least of all impressible influences is made to pass as a *motor* impulse along a nerve of special sense, traverse the corpora quadrigemina, switch itself off on the third nerve carry by force the lenticular ganglion and then dilate one set of muscles and contract another in the same structure in order to shut out a superabundance of the rays of light. This beats Dickens' "*circumlocution office*." A nerve of special sense can convey no other influence than that pertaining to its own peculiar function, while none but *intense* impulses can pass a sympathetic ganglion.

Before explaining its true nature and the *modus operandi* in the production of the irian phenomena, it is necessary to remove another error existing since the days of the Hunters.

It has been held as truth, that an artery expands in every direction at the same time, thus becoming greatly attenuated at every pulsation, the possibility of rupture or the formation of

aneurism would be increased. The existence of such a principle would be opposed to the established laws of physics, and, therefore, cannot be true. Neither the condensation of elastic bodies, nor of muscles, follows the alteration of shape, there being merely a change of form, but not of magnitude. Hence arteries, being composed of elastic tissue and three layers of muscular fibres, must act in obedience to physical law. An increase in diameter must necessarily cause a corresponding decrease in length, and *vice versa*. But the question has been put to rest by actual admeasurement. We ligated an umbilical cord, during a full flow of blood, in two places, and found on inspection, that the arteries were extended beyond the cut surface of the cord, while in a portion not ligated they were retracted out of sight and touch—the ligature evidently preventing retraction. One of the arteries being laid bare, was ligated in different places, and each piece accurately measured, then punctured and the blood allowed to escape, when the vessel contracted immediately, and on being again measured the length was increased. The experiment was often repeated, but always with the same result. A piece of the contracted vessel being cut loose and laid on the table, drew itself up into short crooks, like something alive, thus accounting for the apparent shortening after an artery has been cut through in the living tissue.

Having shown the impossibility of explaining any of the irian changes consistently with the muscular hypothesis, the conclusion is inevitable that no such structure exists. On the contrary, if a vascular structure be compatible with a complete exposition of all the phenomena it must be true.

The reason of the concurrent action of the iris with that of the nervous forces, is now apparent, dilatation of the irian vessels causes a corresponding shortening, and thus dilates the pupils, while contraction of the calibre of the vessels produces elongation towards the pupillary margin floating freely in the aqueous humor, and thereby closing in and contracting the pupils.

Every one has felt a disagreeable sensation when passing from darkness into a brilliantly lighted room, this depressing influence impresses the sentient extremities of the fifth nerve which ramifies on the retina, and is conveyed directly to the Trigeminal centre and depressing the force of the dilating centre,

leaves the power of the Lenticular ganglion unbalanced, the irian vessels are contracted and the size of the pupil diminished. Destruction of the third nerve renders the Lenticular ganglion powerless, the centrifugal fibres of the fifth being then wholly unbalanced, the irian vessels become fully dilated, and consequently the pupil permanently enlarged. On the contrary, destruction of the fifth nerve leaves the Lenticular force wholly unbalanced, the irian vessels become completely contracted, and thereby render the pupil immovably contracted. Hence the disorganization of the eye and the loss of function in the nerves of special sense from manition. Extirpation of the superior cervical ganglion induces congestion of the *vasa nervorum* of the fifth nerve, and thereby impairs its functions, ultimately producing the same phenomena that follow destruction of the fifth itself.

To style this action of independent centres "reflex," is a gross misapplication of terms. "Reflex" is defined "a bending or turning back." A mere sensation must be bent or turned back, and therefore could be nothing still but a sensation, possessing no motor influence whatever. The centres receive intelligence of the actual requirements, and generate an impulse accordingly.

In the crisis then, we have a perfect *Neurometer* to indicate the exact relative strength of the dynamic forces which must prove an invaluable guide in diagnosis.

Great depression from any cause whatever, demands ever greater exalted action to elevate the nervous forces up to a normal standard—any influence short of powerfully rousing the sympathetic centres must necessarily increase the disproportion already existing between the two systems, and thereby increase the danger.

" These shallow draughts intoxicate the brain,
But drinking largely will sober us again "

Under a state of great depression—it is almost impossible to imbibe sufficient to intoxicate. We have seen a man severely bitten by a rattle-snake, imbibe a gallon of best corn whiskey in a few hours, without the least approach to inebriation. Here the co-ordinate depressing influence of emotion, arising from the consciousness of impending death, co-operates with the rapidly exhausting venom, and hence the almost incredible quantity of alcohol required to overcome their concurrent actions.

So too, in great prostration, large doses of Opium may be given without the least approach to narcosis. In an almost hopeless case of purpurial peritonitis, we ordered X grs pulv. opii. every four hours, without the least narcotic symptoms, the patient recovered. Dr. Jacques, and Dr. S. L. Freel watched the progress of the case. In the first stage of inflammation, a large exaltant dose will contract the capillaries and thereby remove the congestion. From its effects on the iris we judge that the "Calabar Bean" is the most powerful of all known exaltants, and possibly sufficiently energetic to exalt the depressed centres, if applied locally, and thereby render a disturbance of the whole nervous system, by an internal administration, unnecessary.

We must reserve any further illustrations for another article, but trust enough has been adduced already to elicit ingenuous criticism.

POISONING BY COLCHICUM.

BY JOHN E. GARNER, M.D., LUCKNOW, ONT.

Poisoning by colchicum is at any time a very rare occurrence, and I am not aware that any instance has been recorded in any Canadian journal.

In the spring of 1857 I lived in the village of Zetland, county of Huron, and was the only medical man within an area of thirty-five miles. I resided in a newly-raised log-house. My surgery consisted of a very fair assortment of drugs, and the usual necessary instruments for use, arranged on a rough series of shelves nailed to the wall. Bottles at this time were hard to procure, and it cost me no little trouble to bring them to my residence unbroken. The country was in the roughest state of a new settlement: no roads except ox tracks, that curved in all possible twists and turns and it was impossible to go more than a mile or two after dark and then the cedar bark torch was a positive necessity to guide the wayfarer. Many a weary tramp was my lot, in heat and cold through swamps and over hardwood bush; and the pay was scrimp at best, if ever it was my good luck to get any at all. I had used up all my vials, and to supply one patient, I well remember emptying the tinct. colchici

into a wine decanter, and giving him the bottle with his required medicine. I carefully labelled the decanter, and placed it in the back of one of my shelves. Next morning, early, I was called to see one of my patients, a distance of some twenty miles, and I left my door securely fastened with a strong bolt, but not locked, as my lock had been broken by accident, and I had no opportunity to get another. I returned about seven o'clock in the evening, through mud and mire, tired and hungry. I eat a hearty supper, and about nine was as soundly asleep as a forty-mile walk could inspire, from fatigue, I might almost say, from exhaustion. About ten, I was awakened by a violent knocking at the door, which was pushed open by two messengers, in great haste.

It appeared that during my absence, three young men of my acquaintance called at my house on their way home from Goderich. They were named Thomas and Robert Holm (two brothers), and John McIntyre. They had entered my house, seeking something to eat, and Robert, the youngest of the three, had by some unlucky chance got hold of the bottle with the tincture of colchicum. He swallowed half a tumbler full, and passed it to the others. McIntyre took about a large wine-glass full, as far as he could judge. Tom took less, and told them to be cautious, pointed to the label, and said it might be "some doctor's stuff;" but the other two pronounced it "most excellent gin." Tom swallowed little, and declared he would not take another drop. Robert laughed at him, took more, and he and McIntyre swallowed nearly a pint. Having partaken heartily of a piece of boiled pork, a shoulder of venison and bread, they started for home. They got as far as Tom Holm's now shanty, extremely exhausted, purged, and vomiting violently. On hearing this statement from a brother of McIntyre's, I sprang out of bed, and got the decanter. It was empty. The poison was taken at three, and it was now ten o'clock. They were five miles away. We had no lantern, nor was it possible to get a torch, as I had no cedar about the house. We passed a restless night, scarcely dozing, as I told my visitors the danger of the case, and that colchicum taken in excess was a deadly poison. The night was very dark, and wolves in bands were howling all around us, making the darkness terrible.

I took such remedies as I had, and at the earliest peep of

dawn, with my rifle on my shoulder as a protector, we started at an Indian trot. On my arrival I ascertained that, after leaving my house, Tom Holm had forced himself to vomit, and he told me he endeavored to make his brother and John McIntyre do the same. They would not do so at first, but tried when it was too late. On arriving, I found Robert pale, a cold sweat on his forehead, his pulse was 160, a hectic flush occasionally on the cheek bones, very much exhausted; great thirst, vomiting; extreme tenderness over the abdomen, and the intermittent severe pains, precisely similar to peritonitis, feet and hands cold; breathing rapid, tongue dry and brown in the centre, and red along the edges, eyes red and watery, and the pupils dilated; headache intense, and he complained much of tinnitus aurium. The expression of the countenance was anxious and haggard. He also complained of great fullness of the chest, and there was a quantity of blood in his sputa. He coughed severely at irregular intervals. John McIntyre had similar symptoms, but milder, except the headache, which he described as most intense, and he often asked me for God's sake to put a ball through his head and let him die. He muttered and raved quite wildly at times, but it only lasted for a few minutes. He was at no time so prostrated as Robert Holm. Thomas seemed well enough, with the exception of nausea and slight debility, and he was assisting his wife to attend the sufferers. I administered a grain and a-half of opium to each, and it produced a short interval of alleviation. They had both been much purged, but that had considerably abated before my arrival, as also the nausea and vomiting. I tried some bicarbonate of soda, about half a teaspoonful in water, it had no effect on Robert Holm, but McIntyre said it eased the burning in his stomach and throat, so I continued it along with a grain of opium every hour. This produced decided relief to the latter, but it was evident to all that poor Robert was sinking fast. I gave him a little whiskey once, but he said it hurt his inside. His breathing became heavy, almost stertorous, the pulse declining in rapidity and the headache diminished.

About noon I found his exhaustion increasing and the countenance becoming particularly pale and expressionless. His eye became leaden, and the whole body became clammy and cold. Warm applications and bottles of hot-water at the feet and sides,

produced no heat, except at the part in contact. He became quite comatose at four p.m., and remained so till about seven, gradually sinking, the pulse becoming feebler and feebler, when he gave a few heavy sighs and gasps and expired.

I continued the Bicarb Soda, and gradually dropped the Opium with McIntyre. His symptoms improved, and at the end of four days he could sit propped up in bed, but was very weak. The headache was very severe in the region of the cerebellum and disappeared in a week or ten days, but left a great deal of occasional giddiness. The tightness in the chest vanished in a few days, as also, the pain and tenderness over the abdomen, but a weakness and irritability of the stomach remained for some time, of which he greatly complained. The prostration and lassitude continued for three weeks, and he did not get to his own home for some time after that. He never mentioned any distress of consequence in the region of the kidneys that I recollect, neither did Thos. Helm, but they both stated that for some time there was slight ardor urinæ.

McIntyre lived for some years after, but often told me he never did or could recover from the effects of the Colicium, which left a considerable weakness of the entire frame, and he had nocturnal omissions subsequently to the accident, which were very distressing and weakening.

I am satisfied he never recovered from this unhappy mistake, in my residence.

An inquest was held on the body of Robert Helm, and I was requested to make a *post mortem* examination, which took place about thirty-six hours after death.

The face was remarkably pale, and the whole surface of the body very white. The lips had a contracted puckered look. The pupils much dilated. A small quantity of blood oozed from the nostrils, and a bloody froth was in the mouth and on the lips. The fœces escaped to a small extent, and there was an emission of the semen. The hands were seemingly shrivelled, as also the toes, the skin being much corrugated.

On removing the skull, the vessels of the dura-mater were much distended. This was also the case with the pia mater, on the convolutions, in the substance, in the ventricles, and the cerebellum. The veins on the last mentioned organ were extremely full, and had the appearance of rounded cords with small knots on them. The ves-

vessels at the base of the brain, and those of the medulla oblongata were also much enlarged.

On opening the cavity of the chest, the lungs were darker than natural, and much engorged, and there was about four ounces of serum in each pleural cavity as far as I could judge, or about eight ounces in all. The left lung seemed to be more engorged than the right.

There was no clot in the cavity of the heart, and very little blood, not amounting to more than a teaspoonful or two.

On examining the cavity of the abdomen, I found that the peritoneum had been very much inflamed, and also the whole length of the intestinal canal, from the Pylorus to the Rectum. The stomach was much inflamed over its external surface and all its veins much engorged.

It was much more inflamed in the vicinity of the pyloric orifice, then over the walls, or in the neighbourhood of the œsophagus; and the smaller intestines, especially the jejunum, were more intensely inflamed than any other part whatever.

I spread various portions of the bowels on card and glass, and the veins seemed as minutely injected as possible with blood, and precisely similar to such specimens as are often seen in cases of poisoning with arsenic.

The liver was very pale, and the gall bladder filled to excess. I attributed the paleness of the liver to an almost total absence of blood. The *vena portæ* were full; but not engorged.

The spleen was filled with dark colored blood, and had a darker look than natural, but no signs of inflammation were present.

The renal veins did not seem so much distended as those of the other internal organs. The bladder was natural on the inside, and did not seem to have suffered like the organs, in the abdominal space; nevertheless the vessels of the surrounding peritoneum were much distended. Neither of the surviving parties complained of strangury, yet Tom often told me that for some time afterwards his urine felt hot in passing. The same result remained with McIntyre, but not to so great an extent as might have been expected, considering the severity of the inflammation, he must have endured in the surrounding parts; and it seems strange, the kidneys and bladder were not more involved, than they really seemed to be.

From the appearances as presented in the *post mortem*, we are led to infer that colchicum produces death, by acting as an irritant poison,

and the symptoms seem to be a compound of those of arsenic and opium. The severity of these become remitted at the last, and the unfortunate becomes comotose, from the compression of the cerebral mass, from apoplexy. The thirst and burning were always checked by a few mouthfuls of water, and this was craved by both patients with great avidity, although the stomach soon rejected part of it. Bicarbonate of soda also seemed to relieve, and John McIntyre drank it freely during his convalescence. Opium also relieved both patients, and I gave as much as I deemed safe under the circumstances. I have often since regretted that I did not combine the opium with Hydrarg. sub. mur. as it might have been serviceable. In the extreme paucity of information that in general prevails in reference to this poison, I should think that any reasonable remedy that presents itself to the mind of the practitioner, on the spur of the moment, allowable. Opium is a remedy to be trusted, as the inflammation and irritation produced by colchicum are decidedly abated by its exhibition, in conjunction with Soda bicarb. I think this point almost established by the two cases under our present consideration. Cold water also gave momentary relief, and I did not curtail its use in the least. Spirits of any kind are, I think, contra-indicated.

In conclusion I may remark, that practising in the bush is by no means working in a garden of roses, and the new settlements have few of the refinements of humanity to boast of. What weary journeys! What poor remuneration! and unfortunately, as I have experienced, how little thanks for your best endeavours, even when crowned with the best of success! I often repented ever coming into these new settlements, and yet there are so many pleasant recollections, so many agreeable and honest people thrown in your way, that the bitter and the sweet seem to blend in a sort of unison. Others must have experienced the same as I have in a new country, and succeeding settlements will have their doctor, to be praised and remunerated as far as possible by some, and by others abused and slandered in every possible manner.

In my pioneer life I have experienced most of the enjoyments, and pleasures of the profession and I may justly add, I have also been conversant with its sorrows and disappointments. I have often felt also that if some of the practitioners around me were in cities where their merits were known, instead of obtaining a few hundred dollars a year, they would accumulate means,

and hold a high position in society, at once their desert and their natural right.

Before concluding this article I beg leave to offer a few remarks on the

THERAPEUTIC ACTION OF COLCHICUM.

The therapeutic effects of colchicum are not altogether understood, even by the best of medical adepts and it will require a much more extended field for observation than that generally afforded the most successful practitioners or even by ordinary Hospitals, before many of the results both beneficial and the reverse can be set at rest, on this very important and interesting subject. I have used it most decidedly with benefit in gout, chronic and inflammatory rheumatism, irritation of the bladder and urethra in stone or gravel, and in sciatica but I in no case exhibit it in any quantity by itself. I generally combine the wine or tincture of colchicum with tinct. opii. This I can safely recommend to the notice of those who have not thus used it, as a very kindly adjunct to the colchicum, because it seems to allay the irritation or purging of the bowels in larger doses. I generally give it in the proportion of about one part of colchicum to two or three of laudanum, more or less according to the nature of the case under treatment.

It has been long a well established fact that colchicum acts more rapidly and purges more violently when combined with an acid. I can aver as far as my experience is concerned, and I have had a reasonable extent, that the wine or tincture is not prevented from displaying all its good effects when combined with soda bicarb. or potass bicarb. or liquor potassa, and that purging is not so readily a sequence. This is especially so in irritation of the bladder in stony deposits. The following are the proportions that I generally use and find for the most part that they alleviate very much.

R—Vin. Colchici, 3 drs.
 Tinct. Opii, 6 drs.
 Liquor Potassæ, 2 oz.
 Inf. Gent. ad 8 oz.—Ft. Mist.

Sig Coch. parv. duo, ter quaterve in die.

I also give infusion of uva ursi or buchu leaves freely, six or eight ounces a day.

Colchicum I consider to be a most useful remedy, and well worthy of a trial by those who have not used it. Cases are of common occurrence where it can be exhibited with advantage.

MEDICAL MUTUAL IMPROVEMENT SOCIETY.

ST. CATHARINES, Tuesday, Feb. 7, 1871.

Dr. COMFORT inquired if medical practitioners generally had arrived at any definite and systematic mode of administering sulphate of quinine, in the treatment of intermittent fever. During the last season he had treated, with uniform success, a large number of cases of tertian ague, with the old fashioned dose of two grains every two hours, but he always commenced the exhibition of the remedy as soon as possible after the accession of the sweating stage, and herein he considered there was a most important element of success.

Dr. SULLIVAN observed that the paroxysm of quotidian was more difficult to avert by the method of small doses at short intervals. In the Western States there is a malignant form of that fever, termed "congestive chills, which sometimes proved fatal upon the third seizure, or even the second. The usual practice in such cases is to give at one dose twenty grains each of calomel and quinine, and this heroic treatment appeared to be the most successful. The periodic attack once interrupted, he was in the habit of relying upon the combined effects of arsenic, quinine, and, when admissible, some form of iron, as prophylactics of the relapse to which, in all cases of intermittent fever, there is so great a tendency, especially while the patient is subjected to miasmatic influences. He wished to be informed if any theory of the action of quinine, in the treatment of malarious fevers, was generally accepted by the profession.

Dr. MACK said that quinine may supply the place of some of the biliary acids. A man may be bilious, and suffer extremely therefrom, without showing it in the conjunctiva or skin. Flint had named one form of this condition cholestræmia. The taurocholic and glycocholic acids, remaining in or thrown back upon the circulation, might also account for many deranged and diseased states of it. Might not quinine be yet found to supply the place of one of these acids, or to

correct the evil resulting from this re-absorption? It must be remembered, that the presence of the pigment of the bile was only found when that secretion was re-absorbed, from obstruction to the biliary ducts. Dr Damon, a high authority upon skin diseases, had assured Dr. Mack that he had found the liver involved in a large number of obstinate diseases of the skin; and we are well aware of the pruritus of jaundice, a symptom, as well as neuralgia, of biliary toxæmia, even when the pigmentary matter of the bile cannot be detected in the urine or external tegumentary tissues. Quinine appeared to him to supply a want in the blood, and not to be essentially antidotal to a zymosis or abnormal cell development. Organic chemistry had shown that taurine was analogous to this alkaloid, it might also be found to supply some quality having a special action upon the great nervous centres.

In a short discussion upon ovariectomy, which ensued, Dr. Mack promised to bring before the Society, at its next meeting, some remarks upon that operation, together with a report, *in extenso*, of a successful case in which the gentlemen present had assisted.

Tuesday, Feb. 14, 1871.

Dr GOODMAN reported an interesting case, which came under his notice in the St Catharines General and Marine Hospital.

Sergt.-Major Ramsden, aged 15 years, was admitted into the Hospital on the 13th of December, 1870. His general appearance was not indicative of any serious organic lesion, the appetite was fair, the pulse did not vary much from the normal standard, the body well nourished, the face florid. He sought admission into the Hospital for the purpose of being treated for a bad cough, accompanied with expectoration, from which he had suffered for two or three months. The history of the case was obscure and did not tend to elucidate the physical signs revealed by the stethoscope and by percussion. He said he had been ill for two or three months, had been treated in the Hamilton Hospital for a "bad cough," had never spat blood that he recollected, and had never been any worse than when admitted. Physical signs—dullness on percussion, pain over the lower part of the right lung from the nipple downwards. Where the dullness existed, no respiratory sounds, either normal or abnormal, could be detected. Above the nipple, percussion elicited a clear sound, and auscultation revealed coarse rales and bronchial breathing. The cough was troublesome, and the expectoration mucopurulent; the heart sounds were

normal, and the respiratory murmur over the whole of the left lung puerile—the lung appearing unaffected by disease, but doing its own work and that of its fellow. For about two weeks no marked change in his condition took place, but suddenly there was a rapid alteration for the worse, the expectoration became purulent, hectic fever supervened, and it was observed that synchronously with the advent of the unfavorable symptoms, the dullness on percussion over the lower part of the right lung disappeared, and that bronchial breathing and coarse crepitant rales could be detected over the whole lung.

Diagnosis—pulmonary abscess, the result of pulmonary congestion.

The treatment consisted in the application of blisters, painting the tincture of iodine over the right side, expectorants, with pancreatic emulsion, cod liver oil, stimulants and tonics. The patient rapidly sank, however, and died February 19th.

Post mortem appearances showed an immense abscess, involving the entire pulmonary structure on the right side of the thorax, with no trace of tubercular disease, the liver and other viscera were in a normal condition, the pleura on the right side was adherent throughout, not a trace of pulmonary parenchyma could be found, except some hanging shreds, infiltrated with pus, several bronchial tubes, with oblique, softened, shaggy ends, opened into the enormous bag of pus and debris, slight pleural adhesions on the left side, but left lung healthy.

This patient was addicted to the immoderate use of alcoholic stimulants, a habit which seems to lead in many cases to congestion of the bronchial mucous membrane, and not unfrequently to disease of the parenchyma of the right lung.

May not this circumstance be due to that sympathy existing between the whiskey-abused liver and the lung, owing to proximity?

Dr. SULLIVAN reported a case of eclampsia in a parturition of twins.

Mrs. C. called to request my attendance at her approaching accouchment. She stated that her general health was good, the only inconvenience felt was from constipation and anasarca of the legs, for which I recommended an aperient, with rest on the sofa.

October 2nd, at 6 a.m., I was called to attend her in labor. I found her in the third fit of convulsions of a tetanic character, face pale, no stertor, no anasarca of the face or hands, pulse about 90; no paroxysms, pains nearly natural in intervals, quite unconscious. On making a vaginal examination, I found the head presenting, first posi-

tion, os dilated, and membranes protruding which I immediately ruptured. I wanted a consultation, and Dr T Mack was sent for, with the request to bring chloroform and instruments. In the interval, about an hour, she had three convulsions although the cold douche was constantly applied. On making an examination the head was in the pelvis, the forceps were applied, and she was delivered of a living female child. In about twenty minutes Dr Mack, on introducing his hand to remove the placenta, found another child, breech presenting. He immediately brought down the feet, but the head was detained at the superior strait. The forceps were put on, and a male child delivered, a good deal congested about the head, and could not be resuscitated after the application of the usual remedies for half-an-hour.

The mother remained insensible and had three or four convulsions during delivery, she then remained quiet and called for her mother, but after an hour had elapsed, the convulsions returned. She was then placed under the influence of chloroform for two hours—using 2 or 3 oz.—after which she became partially conscious, taking beef-tea and whiskey and water alternately every half-hour. At 2 o'clock p.m. she had 8 grs. calomel, mustard sinapisms to the spine, and hot bottles to the feet, &c.

Dr. Mack saw her again at 4½ p.m.; he introduced the catheter, but found no urine. The patient died at 9 o'clock p.m.

I wish to ascertain the opinion of the meeting on the causes and treatment of this most dreadful malady. Is it caused by non-elimination of urea, or non-production of urea, and consequently albuminuria? Blot says it is due to nervous irritation of the kidney with pregnancy; Barnes says it is owing to obstructed action in the placenta, Bright's disease is not a cause, as it generally produces abortion at an early period of pregnancy; pressure is not a cause, as women with ovarian dropsy are not subject to it. Franch and Braum state that it is owing to a ferment acting on urea in the blood, which changes it into carbonate of ammonia; and, reasoning from effect to cause, which we are nearly always compelled to do in medicine, I must say that it is quite plausible, from the fact that acids are said to be a certain curative. Prof. Braum gives 16 cases which he treated with chloroform and acids, and all recovered. Tanner's experience is in favor of this treatment, and claims that death is the exception. Frericks states that he has proved by chemical analysis, that urea is changed into carbonate of ammonia, and cites several experiments which he has made upon

animals, by injections of carbonate of ammonia. It gives benzoic acid, tartaric acid, lemon juice and other acetic acid injections, and sponging the body with the same, but I cannot see the necessity of this, if it is true, as Dr. Bird states, that benzoic acid is the only one that will act on alkaline urine.

Dr. GOODMAN said that he desired to call attention to the formation of emboli in the heart, as being a more frequent cause of death than was commonly supposed. In debility, arising from any cause whatever, especially if it was accompanied with obstruction of the pulmonary circulation, owing to pneumonia, or valvular disease of the heart, there was a risk of this fatal complication occurring.

When the action of the heart is nearly, or, for a brief period, quite suspended in syncope, embolism of the heart is to be dreaded. It is in this way that P. A. Meigs explains certain cases of sudden death occurring after parturition. Embolism may take place in various diseases involving over-accumulation of blood in the heart cavities, weakness of the ventricular contractions, an overplus of fibrine, or a condition of the blood favoring coagulation. The sudden occurrence during the progress of a disease, more especially pneumonia, of great irregularity and feebleness of the heart's action, with dyspnoea, oppression, anxiety—death taking place a few hours after the supervention of the symptoms—should lead, in the absence of any other cause for the change, to a strong suspicion that an embolus had formed in the right ventricle. Dr. Goodman stated that, in the physical prostration arising from the abuse of alcoholic stimulants, there was a tendency to death by the formation of a heart-clot, and related the results of two post mortem examinations made, after sudden death, of persons who, for a long time previous to their decease, had been extremely intemperate. In both cases, a firm, whitish, fibrinous clot was found in the right ventricle of the heart, the apex of the mass plugging up the orifice of the pulmonary artery, like a cork in a bottle. He also mentioned two other cases, in which the same state of things was found to exist, on laying open the cavities of the heart. In one of these cases, the accident had been preceded by great physical prostration, the result of chronic dyspepsia and obstinate vomiting; and in the other it resulted from disease of the aortic valves, accompanied by immense dilatation of the aorta, and deposit of osseous scales upon its inner wall. [Here the pathological specimen was exhibited by Dr. F. L. Mack, who had preserved it. The scales of bone were of about the size and shape of fish scales, and were attached to the inner wall of the

aorta, throughout the circumference of its cylinder, and for about an inch and a-half on the distal side of the valves.] The narrator stated that, in two of the post mortem examinations, he had been favored with the valuable assistance of Dr. F. L. Mack. In concluding, the Dr. referred to the ingenious experiments of Dr. Richardson, of London, which seem to prove that the fluidity of the fibrine in the vascular system, is due to the presence of ammonia in the blood, and that, acting upon the information derived from his experiments, many physicians now give ammonia, with a view to maintain the fluidity of the fibrine in the blood, in cases in which there may be reason to fear the formation of emboli.

Tuesday, Feb. 21, 1871.

Dr SULLIVAN adduced for discussion some cases of fracture, occurring in his practice during the last year. He felt that, in the application of bandages, in all cases of fracture, the sins of commission had far exceeded those of omission, and that it would be better for authorities to proscribe bandaging *in toto* in such injuries, than to countenance the careless and unnecessary bandaging so often practiced now. In one instance, a tight bandage and lateral splints had been applied 24 hours before consulting Dr. S., for a supposed fracture of the forearm. The patient had been thrown from the top of a loaded wagon and stepped upon by one of the horses, upon removal of the dressings the limb was found to be seriously ecchymosed and vesicated in places, and greatly swollen, a wound, inflicted apparently by the cork of a horse-shoe, extended deeply into the soft parts over the internal condyle of the humerus, but no fracture could be detected. Applied warm water dressings and no splint or bandage, and the man made a good recovery from the combined effects of treatment and accident, in about three weeks. In the present days of malpractice suits at-law, this case, in malevolent hands, might have proved injurious to the surgeon first employed. A carefully adjusted splint is often an error in the right direction, but it is almost impossible to apply a bandage so as to allow for the tumefaction, which may take place, and yet derive any support from it.

A woman, after a fall, complained of eversion and dislocation of the foot, fracture of the fibula could be detected three inches above the external malleolus, but no fracture of the internal malleolus existed.

The use of Dupuyren's splint in this accident, is by no means

deserving the confidence generally placed in it, and he preferred a posterior splint and foot-board.

Dr. MACK remarked that he always treated fractures of the leg and also fracture and dislocation occurring in one or both bones, by reduction, and maintaining them at rest in an extempore fracture-box—formed of a pillow and two lateral splints—without bandage of any kind, until a selection could be made of the most fitting apparatus for the case, he did not think that, in this form of fracture, Dupuytren's splint accomplished all that should be expected from it

Dr. SULLIVAN said that the injury to the whole structure of the joint, is so great, that very generally the swelling and inflammation ran too high during the first few days, to bear much restraint from apparatus of any form.

Dr. MACK believed that rupture of the ligaments very generally occurred, and injury to the joint, from a lateral rotation of the astragalus upon the lower articulating surface of the tibia and fibula. Two splints and a foot-board were the most satisfactory measures for promoting union of the broken fibula

Dr. SULLIVAN said that the ankle-joint generally remained stiff for some time after the removal of the apparatus, and urged the propriety of an early recourse to passive motion. He then reported the particulars of a case of fracture of the inner condyle of the humerus, with partial dislocation, in a child 7 years old, the mother had reduced the dislocation immediately, which was probably of the head of the radius backwards. Pasteboard splints were applied, and the semi-flexed position maintained. Slight passive motion was cautiously commenced on the fourth or fifth day, and repeated on the eighth day, when the splint was removed, a bandage allowed to remain, and daily passive motion enjoined, in about four weeks from the date of the accident, a perfect recovery had taken place.

Dr. S. had often seen false joints resulting from unyielding splints, in fracture of the humerus from gun-shot wounds, and ankylosis of the elbow-joint from the same cause, and considered that great judgment should be used in the employment of bandages and splints in all such cases.

Dr. T. Mack reported a case of Ovariectomy, Mrs. Nutt, aged 40, mother of 2 children, married 10 years, came to this country a year ago last January. Consulted Dr. Mack last June for Dyspeptic symptoms, she then believed herself pregnant, but as she had menstruated regularly and according to her own computation had gone over her time, she experienced some anxiety upon the subject.

Her complexion was fair, with good colour of cheeks and lips, she was in good condition, enclined to embonpoint, her habits were regular, with a love for good living, the surface of the body was healthy, the abdomen was enlarged much beyond the usual size at the full period of gestation, fluctuation could be distinctly felt no tenderness, no signs of foetal circulation, no placental souffle, the uterus seemed to be in proper situation, measured upon the sound about two inches more than its normal size, the os. patulous and eroded, with a similar condition extending up the cervix, leucorrhœa, urine scanty abounding in lithates and high coloured, tongue-coated, appetite variable, bowels coëtive, great flatulence, mentally depressed from the recent loss of a child, pulse 80, full and quick. No tumor could be detected by the most careful examination. She was informed that she was most undoubtedly, not pregnant, but that the exact diagnosis between Ascites and Ovarian enlargement could not be clearly made just at the time. She consented to remain under my care for a few months. She was put under treatment for Ascites, based upon the hypothesis of hepatic disease. After four months the tumor appearing to increase steadily she was tapped and about half a pintful of thick albuminous fluid of a dark colour, evidently such as is often found in a Multilocular Cyst was discharged. A careful examination now clearly revealed a large Ovarian Tumor upon the left side, probably a Multilocular Ovarian Cyst. The exact nature of her disease and of the operation for its relief having been fully explained to her, she demanded that the operation should be performed as soon as it was deemed advisable. A mild Aperient having acted upon the bowels and a careful diet having been observed for a few days, Dr. Mack, 31 days after performance of paracentesis, 13th of November, proceeded to the operation with the assistance and in the presence of the following professional confrères, viz — Dr. Goodman, Dr. Comfort, Dr. Oille, Dr. F L Mack Dr Sullivan, Dr. Alexander, Dr. Oliver and Newburn, of Clifton and Drummondville, and Dr. Lambert of Amherstburg.

At half-past one p.m., she was placed upon a table in a proper position. A piece of indian-rubber cloth was laid over the abdomen, having an elliptic opening with adhesive margins which were applied to the skin for the purpose of keeping the posterior surface dry. Dr. Lambert then administered Chloroform to full Anæsthesia. Dr. Mack made a small incision down to the surface of the Cyst, about two inches below the Umbilicus and enlarged it by cutting downwards with a pair of strong curved scissors. At the point where the trocar

had entered very firm adhesions were found. The scissors were then used in an upward direction, keeping to the left side of the Umbilicus until the hand could be introduced, when the surface of the Cyst was carefully explored and found to be free from adhesions, except in a spot about four inches in circumference where the operation of tapping had been performed. The large trocar of Spencer Wells was now plunged into the Cyst and fixed to the walls by the wings. A thick fluid poured out, aided by compression of the abdominal walls by Dr. Comfort, while the sac was held and prevented from collapsing by Dr. Goodman, with a strong serrated forceps. After emptying the first sac it was found impossible to proceed, before separating the sac from the adhesions already mentioned, in the dissection for this purpose the true sac was so firmly united to the peritoneum, that it was cut through and the membrane lining the sac was for some distance dissected and torn off from the interior of the sac, this mistake led to the extravasation of a small portion of the fluid contents into the abdominal cavity.

Bags of heated sand were placed near the limbs, the hand was introduced into the sac, the cells were broken up and a sufficient quantity of the gelatinous fluid evacuated to enable us to turn the whole mass out and freed from its attachments, it was supported by an assistant, while the pedicle was secured by Prof. H. R. Storer's Clamp, at as long a distance as possible from its origin, the tumour was then cut away and received in a pail. Baker Brown's Clamp was next applied, Storer's Clamp removed, and the pedicle was seared off close to the surface of the Clamp by the actual cautery. Spencer Wells' Clamp was applied behind the large one and carefully secured. Brown's Clamp was removed, and the seared surface of the pedicle free from any oozing and well secured, remained. The opposite ovary was next examined and found to be healthy. Great care was taken to maintain the temperature of the room at 80 throughout the operation and to sustain a proper heat of the surface of the patient's body. The most careful sponging of the abdominal cavity was practised and no source of hæmorrhage or clot allowed to remain, every drop of extravasated fluid was thoroughly removed, believing with Prof. H. R. Storer, that the time elapsing for so doing is beneficial more than injurious to the peritoneum. Four deep stout wire sutures were now introduced, so as to ensure apposition of a strip of peritoneal surface, and six superficial silver (thin) wire sutures securely closed the wound, leaving the pedicle secured at its lower end. Long straps of adhesive plaster, after the method recommended by Prof. White, of Buffalo, were made

to encircle the whole abdomen. A broad flannel bandage was applied and the patient was placed upon a comfortable hydrostatic bed filled with water at about 80°. A warm foot case and bags of hot water were applied, the Anæsthesia was suffered to cease, and a small quantity of iced brandy and water was administered, followed in half an hour by a little beef tea. The whole time, from the commencement of administering the Anæsthetic to placing her in bed being about two hours, from half-past one p.m., to 3.45 All water used in washing the sponges was feebly carbolized. The tumour and contents weighed, in all, about 31 pounds. Her pulse, when consciousness had been fully restored was 135. At 5.30 she had vomited the beef tea, pulse 125. Ice was administered and a Enema containing 15 drops of Elixir of Opium. Occasional vomiting continuing when beef tea was taken, iced milk was substituted. At half-past nine the Catheter was used and employed regularly every six hours as long as it was found to be necessary. A mixture of Creasote and Elixir of Opium, five drops of the latter and two of the former was given. At 12.30, pulse 120, patient warm and comfortable, has slept quietly for 40 minutes. At 3.10, as the brandy and beef tea would not remain on the stomach, Champagne was substituted with excellent effect.

On the day following the operation she vomited but seldom, kept nourishment down very well, and at 4.30 p.m., the pulse was 108. weak Carbolic lotion was applied to the pedicle. Urine passed naturally. At 10 p.m., vomiting increased to an alarming degree. All nourishment by the mouth was suspended. Dr. Comfort who remained with her during the night ordered half a grain of Morphia, applied mustard to Epigastrium and gave Enemata of beef tea with 10 drops of Elixir of Opium every two hours. On the second day after the operation the symptoms continued rather uncomfortable, but the next day she began to improve slowly and steadily. The Clamp came away on the tenth day and she convalesced without a single bad symptom until now, about three months from the date of the operation. I meet her daily in the street walking and apparently in good health. I should add that the temperature of the room was steadily maintained at between 70° and 80° for a week after the operation, and at 70° until she was able to sit up.

A CASE OF STONE IN THE BLADDER.—DEFORMITY.—
OPERATION.—SUBSEQUENT DEATH

By W. CANNIFF, M.D., M.R.C.S, Eng., Prof. Surgery, Victoria University, Surgeon to the Toronto General Hospital, President of the Medical Section, Canadian Institute, late Vice-President Canadian Medical Association, Corresponding Member of the Gynaecological Society of Boston, Honorary Member of the New Brunswick Medical Society.

Stone in the bladder is one of the most important surgical affections. It is important not merely because of the several modes in which the stone may form, but from the great mortality which statistics inform us attend operative procedure. Thus according to statistics recently prepared by Sir H. Thompson, the average mortality attending lithotomy in the London hospitals is 1 in $7\frac{1}{2}$, and in all England it is 1 in 6.93 cases, while in Europe generally the average is 1 in 5.14. So the statement of Erichsen is evidently true that "Lithotomy even in healthy subjects is always a dangerous operation." In children the danger is considerably less than in adults, so that the average number of deaths among adults would be something greater than the above mentioned. The presence of constitutional or local disease adds very much to the danger. Again, according to statistics prepared by Crosse, the mortality is to a marked extent modified by the size of the stone. He has found that when the stone is one ounce or under, the average of deaths is 1 in 11.25, when from 1 to 2 ounces, the number is 1 in 6.61; when from 2 to 3 ounces, 1 in 2.18, when from 3 to 4 ounces, 1 in 1.57. "This illustrates very clearly the fact that the operation for the removal of a large calculus is far more dangerous than that for the extraction of a small one."

The history of the case I am about to give is one of great interest. Mr. S.—, of the age of 25 has been afflicted with symptoms of stone for 14 years. Some years prior to the first appearance of the symptoms he had arthritis of the right hip joint, from which he was laid up for a long time. The result of this disease was dislocation of the head of the femur upon the dorsum of the ilium, accompanied with deformity of the pelvis. Having occurred at so early an age the condition of the young man now is one of decided deformity of all the parts about the pelvis. The symptoms of stone have been borne by the patient with great patience during long years, but latterly the distress has become

so great that he determined with the advice of his physician, Dr. Fleming, to risk the success of an operation. The pain is very great, and for a long time he has been compelled to lie upon his face to relieve the distress caused by the stone pressing posteriorly. He can retain but a very little urine in the bladder. Long continued suffering with restlessness has reduced him to almost a skeleton. His appetite is never good, yet he retains a good degree of sprightliness. So far as can be learned the stone has only once been felt by means of the sound.

He was received as a private patient into the Toronto Hospital on the 17th Jan. 1871. The following day I introduced a sound into the urethra which, with but little difficulty passed to the triangular ligament. A little manipulation then brought the instrument in contact with a stone, but it was found that it would not readily enter the bladder. The following day I again passed the sound to the stone, without any further advancement. Two days later I had Dr. Bethune in consultation, but on this occasion neither of us could feel the stone. We determined to let the patient have a rest of several days before further examination. Four days thereafter every preparation was made to perform the operation of lithotomy should we succeed in reaching the stone with the instrument. Instead of using a sound, a grooved staff was employed so that prompt advantage could be taken of a favourable introduction. But we were doomed to disappointment, not only could we not introduce the staff, but the sound could not be made to reach the stone, although different sizes and kinds were tried. Under such circumstances it was of course impossible to proceed with the operation, and it had to be deferred. The patient suffered temporarily from irritation of the urethra, but it was shortly relieved by the use of hyose yamus and flax seed tea, and in a few days the condition of the patient was as before the effort to operate. After some days elastic bougies were tried as well as the sound by different persons, but in no case did the instrument pass beyond the anterior part of the prostate.

After a further consultation preparations were again made to operate, if it were found practicable. Having been placed upon the table, the patient was put under the influence of chloroform. After repeated fruitless attempts by myself and others to pass the instrument, and as we were about to give up in despair of reaching the stone, I made a last attempt. By means of the straight staff, I at last succeeded in touching the stone. Others having corroborated my declaration that I felt it, and as we now knew the instrument was in the natural passage, it was a more easy matter to urge the instrument on. Some manipu-

lation made it convenient to feel the stone with distinctness, although the instrument would not enter the bladder. The straight staff was removed and a curved one substituted, which readily came in contact with the stone. It was decided to proceed with the operation of lateral lithotomy.

In consequence of the deformity of the parts, it was found that the patient could not be easily tied in the usual position for this operation, and I was induced to act upon the suggestion to trust to those present to hold him in the ordinary position so far as could be done. This omission to tie is one I would not advise in any case, as in the course of the operation it may become impossible to steadily retain the patient in that position so essential to a satisfactory operation. Upon examination of the perineum, when placed in position, it was found that the deformity very considerably affected its appearance. The raphe from the anus to the scrotum was materially to one side, and curved. The outlet of the pelvis was evidently abnormal, in consequence of the long continued deformity at the hip joint. This unnatural condition of the parts, and the fact that the staff did not fairly enter the bladder either from the great size or from some unusual position of the stone, in connection with the constitutional disqualification of the patient were not by any means assuring. I confess I commenced the operation with some apprehension and "trepidation." The first incision was made cautiously, and I was induced to commence it somewhat more posterior than might advantageously have been done. With a trifling delay the first part of the operation was accomplished, that is, by incision, the necessary structures were divided to lay open the ischio-rectal fossa. But now was encountered the first of several difficulties. It was found that the membranous as well as the prostatic portions of the urethra were in an abnormal condition, and the reason why the instrument would not enter the bladder was fully explained. The stone occupied the prostatic portion of the urethra, which was much dilated. But the principal thing which at this stage engaged my attention was the *abnormal thickening of the membranous portion*. The thickening was so great that the staff could with difficulty be distinguished through the coats. And as the instrument was not within the bladder, but merely resting against the stone, it was impossible to hold it firmly fixed. The presence of the stone where the prostate alone ought to have been, with the thickening and induration of the membrane gave the case a degree of uncertainty which one operating under ordinary circumstances could not fully realize. After a

little delay to consider the bearings of the case, a curved, sharp-pointed bistoury was passed along my finger and made to penetrate to the staff and to divide a portion of the wall, cutting from behind forward. I then with a straight knife, cut to a limited extent toward the prostate. The probe-pointed lithotomy knife was then taken and passed along in the lateralized position until the end of the groove was reached, but it was plain that at the most a very limited opening had been effected to the stone. This of course can be readily understood when it is remembered that the staff did not pass over the stone, which occupied the dilated prostate. At this juncture I wished the opinion of another, and Dr Hodder introduced his finger to the staff and expressed the opinion that the knife should not be used any more, but that the opening should be enlarged by the finger passed along the staff, which he did. I then placed my finger against the stone, and the staff was removed. The forceps were introduced and I tried to grasp the stone, but this was impossible. The stone was plainly a large one, and although forceps of different size, shape, and construction were employed, not one could be made to encompass the stone, but portions of a soft stone were broken off. Failing with the forceps the scoop was used, and passed to the posterior part of the stone. With the finger as a counterpoise an effort was made to extract, but the stone turned on its axis and the scoop came away, carrying a fragment of the stone. Thinking the changed position might enable me to grasp it, I again tried the forceps, but could not sufficiently dilate to enclose the stone. So the scoop was again taken, and with more success. The stone was slowly by an oscillating movement extracted. Its size was about that of a billiard ball, and rounded. Before any portion of it had been crumbled off it must have been considerably larger than a billiard ball. Of course the shape and size, in connection with its position, accounted for the insurmountable difficulty of seizing it with the forceps.

During the course of the operation I had not given much attention to the condition of the patient, but was now informed that he had remained in a fair condition, except that the pulse was somewhat weak. The bladder having been washed out with warm water the patient was put to bed, and made comfortable, being seemingly only affected by the chloroform. There was nothing alarming noticed, and the gentlemen who kindly rendered assistance departed. Remaining in the room, I observed, about half an hour after the operation a marked palor of the face, and found the pulse weak. At this time he had passed from under the influence of chloroform. Stimulants were given more freely,

and hot bottles put to his extremities. He rallied for a while, and could speak, expressing himself as feeling poorly, but as being free from pain. But about an hour afterward the pulse suddenly grew weak, and although the strongest stimulants were administered by mouth and per rectum, he finally sank and died.

In view of the statistics given in the former part of this paper, and the pathological condition of the parts involved in the operation, both without and within, the length of the time the stone had been in the bladder, 14 years, the size, and the shattered condition of the patient's general health, it may be said there was no solid ground to expect a favourable issue. Reviewing the whole matter, and considering the successive obstacles which were encountered at the several steps of the operation, I fail to see in what respect any other course could have been at any time taken by which the chances of the patient would have been increased, although, one will often, upon reflection, imagine he might have done otherwise for the benefit of his patient, just as the oculist will often fancy that, had he the matter in hand, difficulties would disappear like frost before the rising sun.

In conclusion, I would express my thanks for the kindly aid offered by the several medical gentlemen present. In all operations, and especially in trying ones, it is of the first importance to have efficient assistance from those who stand ready to give judicious advice whenever you may ask it.

(To the Editor of the Canada Lancet.)

SIR,—I am induced to report the following case of puerperal fever, as I believe it is out of the ordinary routine of such cases.

Mrs. Margaret L., aged 25 years, third pregnancy, admitted to this hospital at 10.30 p.m., on February 16th, 1871. She stated that the pains began that evening, about eight o'clock, but did not become severe till nine, when her husband brought her home in a cab. The pains gradually became more regular and severe, and at midnight she was safely delivered of a fine healthy boy, weighing eight pounds. The placenta came away in half an hour, and the uterus became firmly contracted. She stated that she had made favorable and rapid recoveries in both of her previous confinements.

The patient continued to improve for eight days, the lochia being normal in quantity and quality. On February 24th—the

ninth day—I noticed, for the first time, that the patient spoke at times in a rather strange manner, but always rationally, and wished to rise. Permission was given to the nurse to allow her up, for two hours. While the nurse had her back turned, the patient ran to an open window in an adjoining ward, but could not have been there scarcely a minute. She was ordered to bed again, and still said she felt perfectly well, continuing to take her food with a good appetite. She was questioned as to feeling any chill, but persisted in saying that she had not, and no rigor had been noticed by the nurse.

About seven p.m., I made my evening visit to the wards, and found her very well, with the exception of the pulse, which was about 85 or 90, but I attributed this to her excitable character. I then went out, but on my return, about 11.30 p.m., I found that they had been obliged to send for the attending physician, as the patient had become excited, and complained of great pain over the abdomen.

Turpentine stupes were applied to the abdomen, and an opiate every two hours was ordered. Pulse 160.

February 25th, 10 30 a.m.—Pulse 136, abdomen tympanic; tongue dry. Professor Simpson visited her at 12.30 p.m. Pulse 130, local peritonitis on lower border of the liver. Turpentine stupes every half hour, opiate every two hours, turpentine internally, 10 drops every four hours. Towards evening the pulse became quicker, and when pressure was applied to the abdomen she complained of no pain. The patient continued quite conscious till about 6 a.m. on February 26th, and at 7.15 a.m. she took a convulsion and died immediately after.

What seems very strange in this case, is that the patient continued so well up to the ninth day after delivery, her disease being ushered in without showing any premonitory symptoms of its approach, such as a prolonged chill, rigors, &c. No assignable cause can be shown for the rapid inception of the disease. No one had visited the patient except myself and the attending physician. It cannot be traced to an erysipelatous patient in any way, and no other patient has died of fever in the hospital for some months.

Yours, &c.,

FRED. R. L. STRATHY,
House Surgeon.

Edinburgh, March 1st, 1871.

(To the Editor of the Canada Lancet.)

SIR,—I am not sure whether you allow controversy to take place in the pages of your journal or not, I hope you do, to a certain extent, as I think a little controversy beneficial, especially to the younger members of the profession, provided it be carried on honourably and honestly. I hope you will oblige me by allowing my present communication to appear in the *Lancet*, as I feel it somewhat incumbent upon me to write it, inasmuch as Dr A. Agnew, of Delaware, Ont., in reporting a case of worm fever in the March number of the *Lancet*, somewhat similar to my case, which appeared in the January number—only more so, as Artemus Ward would have said, alludes to my case in a rather disparaging manner.

He first informs us that it is often difficult to tell whether the worms are the cause of the disease or a mere complication, and then states that the report of my case throws very little light upon the subject. I have read the report of Dr. Agnew's case, and I fail to see that it throws any more light upon the subject—certainly more worms—but scarcely more light. Though the reading of my case may not have let much light into the Dr.'s mind, it probably assisted him in diagnosing worms to be the cause of his patients trouble, especially as the worms were making their appearance, per. os., and also in determining him to attack the "varmint," as he so graphically describes it.

He further states, that the presence of 18 worms in the bowels, was scarcely sufficient to account for the symptoms I described. As well might Dr. Agnew say, that the inhalation of marsh miasmata, was not sufficient to account for an attack of ague, with its accompanying train of symptoms. And, in my opinion, his grounds for such an assertion would be far more tenable,

However, in reporting my case, I did not enter into any pathological discussion of the subject, as Dr. Agnew has attempted to do, but merely reported the case as it occurred in my practice, with the treatment and its result. And, whether or not, the presence of 18 worms was the cause of the symptoms I described, certain it is, that upon their removal the child got better immediately. But with your permission I will now make a few remarks upon the subject. I quite agree with Dr. A. that it is often difficult to tell whether the worms are the cause of all the symptoms. But we are often beset with greater difficulties in other diseases. I suppose that Dr. Agnew is aware that the alimentary canal is lined with mucous membrane, and largely supplied with little vessels, called absorbents, and that one of the strong-

est laws in the animal economy is that of sympathy of one organ or set of organs with another. Now, the presence of a large number or even a limited number of worms in the alimentary canal, must, and does set up a great amount of irritation, and interferes greatly with the process of digestion and assimilation. That a great deal of irritation is present is plainly shown by the character of the stools. And when we take into consideration the fact that worms are generally found in children whose diet has been erroneous and illregulated, which of itself is sufficient to cause a great amount of disturbance throughout the system, it is easy, I think, to account for a great variety of symptoms. And furthermore, in my opinion, the irritation set up by the worms, which has been going on in the system for some time, gives rise to diseased matter, part of which becoming absorbed, acts as a species of blood poison. Hence, we have the circulation evidently disturbed with its accompanying fever, heat of skin, eruption, &c. In conclusion, whether or not the worms are the cause of the symptoms, I know that during the last seven years I have had a number of cases of worm fever, the symptoms of all disappearing upon the removal of the cause (worms).

Apologizing for the space I have taken up, I remain,

Yours very truly,

R. J. DARRAGH, M.D.

Columbus, Ont.

(To the Editor of the Canada Lanct.)

SIR,—I am greatly amused by the trait of self-confidence (which always stamps the great mind) displayed by a correspondent in your last number. His modesty and courtesy has induced me to reply to a portion of his remarks. He speaks of "indifference and contempt" being shown by the public toward the profession, and uses the terms "childish and bigoted," as applying to the estimation in which medical men are regarded. This is mere nonsense. Every reflecting man is aware that the members of our own, as well as the other professions, are judged on their merits. The most skilful and experienced is he whose services are in the greatest demand, as a consequence, with very few exceptions, the ablest man is the most successful. I have little doubt that the public would find themselves in a dreadful dilemma, if your correspondent would withdraw,

for the shortest time, his valuable services. If he could find it in his heart to be thus merciless, I feel quite satisfied that "the indifference and contempt," now shown him, would speedily vanish, as the cause for it would no longer remain.

He asks, "what medical men were consulted, when the Homœopathic and Eclectic boards were authorized," &c. In answer to this, permit me to state that I know as a fact, the proposals in connection with the initiation of this measure came from gentlemen of the same school as your correspondent. These gentlemen were not sought after by the Eclectics, but voluntarily came to them, to do what was considered a matter of justice to an important section of the profession. The Ontario Medical Act, embodying in its details the agreement arrived at, by representatives of both bodies as well as the Homœopaths, is considered to be wise and liberal in its provisions, and as eminently satisfactory to the majority of the profession. I am not aware that your correspondent was consulted, nor do I think it was at all necessary that his favorable opinion, much less his consent, be obtained, before the Legislative Assembly of the Province should dare place it on the statute books, as the law of the land. This fact may account for the displeasure of so eminent a practitioner, so high an authority in the medical world as Wm. Oldright. Granted, these gentlemen possessed the knowledge, patience, energy, and every necessary requirement to form a proper estimate of their duties and responsibilities, they must still have lacked some of the qualities seemingly possessed by this self-introduced Solon, who now lectures with so much authority on the subject. He thinks it wrong that "students have now to be examined by the proprietor of the Victoria Wine Bitters and three other Eclectics and Homœopaths." And pray sir, why not? Are Eclectics and Homœopaths to be barred from all privileges for the exclusive benefit of Allopaths? This would be neither wise nor just. I am sir, a graduate of the University of Victoria College, as well as the Central Medical College of New York, and although classed by your correspondent, as having no other rights than as a member of the Eclectic section, still I think these sufficient to entitle me to the position I now occupy.

So far as the *Victoria Wine Bitters* are concerned, I have to inform your correspondent, that I am not the proprietor of that

article, but the inventor of it. In that connection, I may state that I know it to be more serviceable than adulterated whiskey, bad brandy, or any compound of methylated spirit, some one of which articles is often prescribed to the great detriment of those who use it. If Dr. Oldright does nothing more to affect his professional reputation, than give to the country "The Victoria Wine Bitters," he would be able to court an investigation with more success than, I think, he can do at present.

Truly yours,

G. A. CARSON.

Whitby, 23rd March, 1871.

(To the Editor of the Canada Lancet.)

Sir,—Permit me, through your page, to enter my protest against the abuse which Dr. Strango makes of his office as Registrar. On the passing of the last act, I applied to Dr. Grant, and, at his suggestion, wrote to Dr. Strange, who requested me to send my license, &c. Accordingly I enclosed it to him, with certificate from the Reeve, and five dollars, the proper fee then.

I have not heard from this Dr. Strange—well named—from that time to this, though I have repeatedly written to him.

I have the registry certificate from the post office, and a letter from the post office authorities, certifying that my letter containing the license was delivered.

Now let me ask you, as a conferee, is this decorous treatment? is it even honest?

Should those who elected him desire to provide for a burdensome acquaintance, let me suggest some other place, where he can be provided for at public expense, and spare those, who have not too much, in our honorable profession.

Yours, with respect,

GEORGE C. ATLWIN, M.C.P.S., C.E.

Jeno, Onslow P. O., Feb. 28, 1871.

APPOINTMENT OF CORONERS.—Dr. Jones, of Port Perry, Dr. Lovett, of Ayr, and Dr. Joseph Carbert, of Orangoville, have been appointed Associate Coroners for the respective counties in which they reside.

The Canadian Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Easton Canada Lancet," Toronto.

TORONTO, APRIL 1, 1871.

MEDICAL REPRESENTATION IN PARLIAMENT

As the result of the late elections four medical gentlemen have been returned for the following constituencies

- Dr. Baxter, Haldimand.
- " Boulton, North Hastings.
- " Wilson, East Elgin.
- " Clarke, North Norfolk.

We are glad to see so good a representation of the medical profession, and from what we know of these gentlemen we feel satisfied that they will not only guard the interests of the profession in the Province, but will be a credit to the House of which they form a part.

While we admit that in the interests of the country at large the best men should be chosen, irrespective of their profession, and that class representation, like class legislation, is wrong, we cannot but feel gratified to think that the noble profession to which we belong is, as it should be, fairly represented in the halls of our local legislature.

There is no class so largely represented as the profession of law, and there is no class better qualified for the discharge of those duties peculiar to the house than lawyers, men who have made legislation a study, and were it not for this circumstance the large proportion of representatives from this class would be very injurious to the welfare of the state. There is always the danger of a reaction when any individual or class runs to extremes, especially on matters of public interest, and this may come to be the case with the legal profession, but there is very little danger of such a calamity befalling the members of the medical profession.

ORIGINAL PAPERS.

In consequence of the length of some of the original communications in the present number we have been obliged to withhold some very important original matter which will appear in the next issue. During the past month we have received some most excellent practical papers on various medical subjects, and we cannot but express our extreme gratification at this most favorable indication. Some of these are exceedingly well written and reflect no small credit on their respective authors. They will also compare favorably with the medical literature of older countries. Country practitioners who have long drives over bad roads, as a general rule, have much less time and opportunity for the preparation of medical papers than city practitioners, but so far they have furnished more material for the columns of the *Lancet* than their more highly favored confreres in the cities. Several original articles that appeared in the *Lancet* have been copied into British and American Medical Journals, among which may be mentioned an article on "traumatic tetanus," by Dr. Loughheed of Brighton, an interesting paper by Dr. Constantides of Toronto, on a peculiar case of malformation, and one somewhat similar to the latter reported by Dr. Uzziel Ogden of Toronto.

HUNTER vs. OGDEN.

In this case, it will be remembered, a verdict for \$500 was returned at the Fall Assizes in this city, against the defendant, for an alleged breach of contract, he having declined to remain at plaintiff's house, where, on his arrival, he found another physician in attendance. The case being appealed to the Court of Queen's Bench, the verdict was reduced to one shilling, and each party ordered to pay his own costs, thus relieving the defendant of all costs but his own counsel fees.

This case, with several others recently before the Courts of this Province, show how fortunate it is, that an intelligent and enlightened judiciary intervenes between our unfortunate profession, and an ignorant, prejudiced and partizan jury.

THE MEDICAL DEPARTMENT OF
TRINITY COLLEGE.

We stated in the last number of the *Lancet* that the Medical Department of Trinity College would shortly be reorganized. By reference to our advertising columns our readers will see that this is now an accomplished fact. We are gratified to know that the newly reorganized department is entirely free from any restriction likely to diminish either its prosperity or its influence.

The Faculty as will be seen, is composed of well-known medical teachers, whose names will be the best guarantee the profession and the public can have as to the future character and conduct of the school.

The Medical Department formerly enjoyed a very high reputation at home and abroad, and the authorities of Trinity College have done well in choosing a most auspicious time for its reorganization, and in effecting it in a manner so liberal as to place its full success beyond peradventure.

New and commodious buildings will be erected during the coming summer in the immediate vicinity of the Toronto General Hospital, and every arrangement will be made for the benefit and convenience of students in attendance.

The announcement, giving full details will be issued in due time, and will, we have no doubt, from its liberality and comprehensiveness, be eminently satisfactory to those interested, and especially to those who have the welfare and prosperity of Trinity College at heart.

ST. THOMAS' HOSPITAL, LONDON, ENGLAND:

Dr. Legros, Clark, has been appointed senior surgeon instead of Dr. Solly, who has resigned.

Dr. Solly was a candidate for the presidency of the Royal College of surgeons, but was defeated by Sir Wm. Ferguson, who was chosen to fill that post of honor. He also expected to be made Sir. Samuel Solly this year, but something occurred to prevent his elevation to this rank. He has given up his house in Saville row, and it is reported that he has had a stroke of paralysis.

It is said that misfortunes never come singly, and this would appear to be true in the case of poor Solly.

Dr Leibreich has been unanimously elected by the authorities of St Thomas' Hospital, as ophthalmic lecturer at that institution, and as ophthalmic surgeon to the hospital.

The friends of St. Thomas' Hospital may well congratulate themselves on the appointment of one so talented and eminent in his profession as Dr. Leibreich.

PROFESSORIAL CHANGES.

The following gentlemen have resigned their respective chairs during the past month.

Norman Bethune, M.D., F. R. C. S., Edin., Prof. Principles and Practice of Medicine, Victoria University, J. Fulton, M.D., M. R. C. S., L. R. C. P., London, Prof. Physiology and Lecturer on Sanitary Science, Victoria University, J. Algernon, Temple, M.D., M. R. C. S., England, Lecturer on Medical Diagnosis and Pathology, Victoria University, and Arch. E. Malloch, B. A., M.D., Glasgow, Demonstrator of Anatomy, and Lecturer on Surgical Anatomy, Victoria University, W. B. Goikio, M. D., F. R. C. S., Edin., L. R. C. P., London, Lecturer on Clinical Medicine, Toronto School of Medicine.

The above named gentlemen were subsequently appointed on the medical staff of Trinity College, the announcement of which will be found in another column of the "*Lancet*."

NEW MEDICAL SCHOOL IN MONTREAL.

A new Medical School has been established in Montreal, and has obtained from the Lonnnoxville University the privilege of granting degrees, &c. The chairs and their occupants are somewhat as follows —Medicine, Dr David, Surgery, Dr. Hingston, Midwifery, Dr Smallwood, Institutes of Medicine, Dr. F. W. Campbell, Materia Medica, Dr. Trenholme. Other appointments have not yet been decided.

This is the third Medical School in Montreal, and from the well known reputation of the gentlemen who compose the staff thus far appointed, we have every reason to believe that it will be a success, and will constitute a formidable rival to McGill College.

MCGILL COLLEGE EXAMINATIONS.

The lectures of the Medical College of McGill University closed on the 17th of March, and the primary examinations in the Faculty of Medicine commenced on the 20th. The following students passed, viz.—A. D. Blackadder, Branford, J. R. Hamilton, Toronto, H. L. Copeland, St. Catharines, Geo. H. Christie, Lachute, W. J. Sharp, Simcoe, W. E. Waugh, London, A. P. Mallory, Cobourg, Hamilton, Allan, Osgoode, Robert Howard, St. John's, Thos. Kelly, Durham, D. C. Crain, Aimonte, Henry Hotherington, Dickson, A. Wagner, Dickin-son's Landing, W. E. Nicoll, St. Mary's, Jas. T. Munro, Hawkesbury, P. J. McLaren, Lanark, Z. Hebert, Montreal, Arthur C. Brown, Montreal, B. A. and John Morrison, Hunt-ington.

In the primary examination the prize was gained by Thomas Kelly, Durham, H. Allan, of Osgoode, being second.

The following gentlemen passed for the degree of M. D. C. M.—Lewis H. H. Beaudry, St. Pie, A. J. Cattanech, Fergus, F. J. Davignon, St. Mathias, James Duncan, Port Dover, M. Gardner, Hespolor, C. F. A. Locke, Barrie, Thomas C. McConkey, Barrie, F. H. Mitchell, London, Frank Warren, Whitby, H. P. Wright, Ottawa, R. A. Stevenson, Cayuga, A. W. Marston, Hull, George W. Major, B. A., Montreal. Wallace Clark, B. A., Montreal, C. McKay Freeman, Milton, Nova Scotia, Thomas G. Johnson, Sarnia, Wm. G. Ross, London, Henry R. Brissett, Chambly, John A. Mathieson, Embro, C. J. Rattray, Cornwall, R. A. Alexander, Stony Creek, Gideon M. Duncan, Bathurst, N. B., John R. Hamilton, Stratford, John A. Read, St. John's, Newfoundland, Alexander D. Blackader, B. A., Montreal, Lewis G. Hunt, Halifax, N. S., Thomas D. Reed, Montreal, John Dun- can, Port Dover.

We have just received a copy of the proceedings of the Third Annual Meeting of the Canadian Medical Association, and are requested to say that copies are in the hands of Dr. H. H. Wright, of this city, for all the medical practitioners of Ontario, who can obtain them by writing and enclosing postage. We will have something to say, in a future number, on the modest Bill accompanying the proceedings.

EASY METHOD OF BED MAKING IN FRACTURES.

Dr E D Worthington, of Sherbrooke, Quebec, in the February number of the *Canada Medical Journal*, describes an exceedingly simple and easy method of bed making in fractures. The contrivance is very easy of application, and as it is something new and original, we give the description in full, and would recommend it as a useful and ingenious arrangement for the purpose for which it is intended. His apparatus is as follows:—

“Eight pieces of pine—six of them being each thirty inches in length, four in breadth, and three-eighths of an inch in thickness. The other two are three in breadth, three-quarters of an inch in thickness, and the length of an ordinary bedstead, the ends and edges of them all being rounded, and perfectly smooth.

“When everything is ready I pass the short pieces separately under the patient from side to side, at regular intervals from the head to the feet—say one at the heel, the calf of the leg, the middle of the thighs, the hips, small of the back, and shoulders. The long pieces are then carefully inserted under the ends of the short pieces. The apparatus is put together in a minute, and one person at each corner lifts the patient steadily on this temporary stretcher. The bed underneath is arranged in two minutes more, without the least feeling of discomfort to the patient. In this way my patient has been moved every day for the last two weeks. As her bedstead is rather low, two ends of the long side pieces are lifted so as to rest upon the headboard, and a couple of hassocks support the lower ends until the process of bed making, &c., is completed.

“In all the stretchers I have seen used, the patient had to be lifted upon them, while in this plan the stretcher is made under the patient. As a matter of safety the four corners may be secured by a pin or screw, but the weight of the patient, and a little care on the part of the attendants, render this unnecessary in a sick room.

“It is sometimes difficult for nurses to pass the bed pan well under a patient, but by adopting the above suggestion either the bed pan or ordinary ‘utensil,’ according to the peculiar notions of invalids on this delicate subject, may be used without risk of making the sufferer a victim of misplaced confidence.

“In conclusion, I believe that for ‘field use,’ the above put together in sets, with a wooden pin to be dropped in a hole at each corner, would be cheaper, more profitable, and in every respect better than the present army stretcher.”

MEETING OF THE MEDICAL COUNCIL.

The next annual meeting of the Medical Council will take place in Toronto at noon on Tuesday the 6th of June next. Last year the meeting was held at an earlier date, but the rains and mud made it very unpleasant. As there is nothing very urgent at present, it has been deemed advisable to wait until the pleasant weather in June.

In this connection we have been requested to state that any person wishing any information, or business transaction with the Council, will please write the President, Dr. Brouse, Prescott, and he will see that it is properly attended to.

HONORS.

At a meeting of the New Brunswick Medical Society, St. Johns, held on the 4th day of January, 1871, Edward M. Hodder, Esq., M.D., F. R. C. S., England, Toronto, was duly elected an honorary member.

DR. BAYARD,
President.

DR. ALLISON,
Secretary.

QUEEN'S COLLEGE—FINAL EXAMINATION FOR M.D.

The following gentlemen passed their final examinations for the degree of M.D., at the examination of the Royal College of Physicians and Surgeons.—Gerald Bernard, Elswood Chaffey, Dr. W. P. Day, A. C. Fairbairn, N. B. Gillies, Kenneth Gunsolus, Wm. Higginbotham, W. R. Houston, Edward Kidd, Jas. Lafforty, Jas. Nowell, J. A. Vanallan, and Dr. Young.

OBITUARY NOTICES.

We regret to announce the death of our esteemed fellow-citizen and brother practitioner John Brown M. D., who died of consumption on Tuesday the 7th ult., in the 36th year of his age. His funeral took place on the 10th from his late residence on Queen Street, and was largely attended. The deceased was a member of St. John's Lodge, No. 75 A. F. and A. M., of this city.

and also of Covenant Lodge No. 52, I. O. O. F., B. U., a respectable number of whose members joined the procession. Dr. Brown was a graduate of Victoria College and has been practicing with marked success in this city for several years. He leaves a large circle of acquaintances to mourn his untimely loss.

In London, Ont., John T. Farrell, M. D., on the 22nd of February, of enteritis, after a short, but severe illness. The deceased was a very promising, and rising member of the profession, and well versed in all the details of medical and surgical practice. He was a graduate of Queen's College, Kingston, and also of the University of New York. He obtained the provincial license in 1861, and practised for some time in Dunnville, but subsequently removed to London, Ont., where he died at an early age, much respected by the profession, and much regretted by a large circle of friends and acquaintances.

MEETING OF THE MEDICAL PROFESSION OF TORONTO.

A meeting of medical men was held, pursuant to notice, at the Mechanics' Institute on Wednesday evening, the 6th ult., at which the following gentlemen were present.—Drs. Allan, Barrett, Beaumont, Bethune, Barrick, Buchan, Canniff, Cassidy, Cooke (England), Fulton, (as reporter for the *Lancet*), Geikie, Hodder, Lawlor, Lizars, Malloch, Mullin, McFarlane, Oldright, Ross, Reeve, Roseburgh, Thorburn, Wright, H. H., Wright, G., and some others.

Dr. Beaumont was called to the chair, and briefly explained the objects of the meeting.

The following resolutions were then moved by various gentlemen present:—

1st That this meeting is of opinion that the medical profession should always be consulted in matters which are made the subject of medical legislation. And this we believe to be for the interest of the public, as well as of ourselves, inasmuch as everything which tends to the advancement of the profession will always benefit the public at large.—Carried.

2nd. That in view of the existing state of medical affairs in the Province of Ontario, we believe it to be the duty of every

medical man to use his influence with candidates for parliamentary honours during the present crisis, so as to effect an improvement in medical legislation.—Carried.

3rd. That we will not support any candidate who will not agree to *modify the law under which the profession of Ontario is at present incorporated*, at least so far as to bring its Council and Examining Board into conformity with the provisions of the contemplated Medical Act for the Dominion of Canada.—Carried.

4th. That we further urge upon medical men the desirability of requesting candidates to advocate a repeal of the Ontario Medical Act, which unites us with persons known as Homeopaths and Eclectics. Carried on a division.

A committee was then appointed to give effect to these resolutions, and to report at a future meeting.

TORONTO HOSPITAL REPORTS.

SERVICE OF DR. CANNIFF.

(Reported by Mr. J. T. Abbott, Clinical Clerk.)

DISLOCATION OF HEAD OF RADIUS BACKWARDS.

Wm. M., aged 25, native of England, admitted December 7th, 1870. This interesting case had been seen before admission, by a physician, and as the symptoms were somewhat obscure, a diagnosis had not been made, but it was surmised that a fracture of the olecranon process had taken place. After deliberate examination of the arm, there was no difficulty in arriving at the conclusion that the injury was an instance of the unfrequent dislocation of the head of the radius backwards. Subsequently, upon examining Hamilton on this form of dislocation, it was found that the symptoms of the case in hand were such as described by him. Hamilton questions whether this injury so often occurs as has been recorded, although the number is not great. In this case, reduction of the dislocation and the speedy recovery of the patient, supports the accuracy of the symptoms which were present. But, unquestionably, the anatomical construction of the parts precludes an easy displacement of the radius backwards.

There was some uncertainty as to the cause of the accident; as the man was intoxicated at the time he sustained the injury;

but, so far as could be gathered, he had, when in the act of falling, seized hold of something to save himself. By this means the arm had probably been much twisted, while the muscles were in a state of comparative relaxation from alcohol.

An attempt was made to reduce by flexion, as well as by extension, at the same time pressing the head of the bone. Failing in this, the patient received chloroform, after which reduction was easily effected. The arm was placed in a sling. Three days after, upon examination, the arm was found well, and could be easily moved in any direction.

DISLOCATION INTO THE AXILLA, LEFT SIDE

James S., aged 50, native of England, occupation, hostler. Fell upon the ice in such a way as to displace the head of the humerus. Dr Canniff was called in consultation, and administered chloroform, while the dislocation was reduced by Dr. May. The man lived in the country, and it was nearly twenty-four hours after the accident before reduction was made. During that time he had suffered much pain, which was attributed to pressure upon the brachial plexus. The reduction was readily effected.

Three days after (22nd January, 1871,) he was admitted into the Hospital, when it was found that there was partial paralysis of the arm, from the injury sustained by the brachial plexus, the ulnar nerve being less affected than the others derived from that plexus. By friction and use, with tinct. nux vom, and latterly the battery, the man is slowly regaining the use of the arm.

DISLOCATION OF HUMERUS—THREE MONTHS DURATION—UNSUCCESSFUL ATTEMPT AT REDUCTION.

Ellen F., aged 18, native of England, admitted 19th Dec., 1870. This was a stout woman, with a good deal of tissue overlying the parts involved in the dislocation. But the head of the bone could be felt anterior to the coracoid process. Several attempts were made to reduce, but without entirely succeeding. The patient being fully under the influence of chloroform, and assisted by Drs Bethune, Rowell, Malloch and others, the pulleys were applied, and continued as long and with as much force as dare be used. The first operation had the effect of bringing the head of the bone into close relationship with the glenoid

cavity. Although the subsequent efforts to completely reduce failed, the patient has received much benefit. When admitted, she had no use of the arm, but now she can bring the hand to the top of the head. *Passive motion was kept up, and she has been instructed to use the limb, with this result.* The obstacle to the reduction which has not been overcome, may not be fully determined. The adhesions seemed to be entirely broken up at the time of operation, the action of the muscles was overcome by the chloroform and the extension. Probably the capsular ligament had been ruptured, so as to permit the head to slip through, which was then caught as a button in a button hole.

TWO CASES OF DISLOCATION IN THE AXILLA—EXTERNE PATIENTS

Both men of middle age. The first, who was brought by Dr. Fisher, of Toronto, was a strong muscular man, and he had to be fully etherized before the reduction was effected, which was done by placing the heel in the axilla, and extension being made by assistants. *The second case was easily reduced, without chloroform, in the same manner as the first.*

FRACTURE OF THE SHAFT OF THE RIGHT FEMUR AND LEFT FIBULA.

Thomas H., aged 28, Canada, admitted June 21, 1871. While engaged in superintending the razing of an old brick building, the chimney fell upon him, almost burying him beneath the bricks. But fortunately a ladder had fallen upon him in such a way as to protect his body from fatal injury. He received several bruises and a fracture of the fibula, but the main injury was the fracture of the femur a little below the middle. The fracture was slightly oblique from before backward. He was conveyed to the hospital, and a few hours later the limb was put up. A long splint from the axilla would have been preferred, but one so long not being immediately available, a shorter one, extending, however, from about five inches above the crest of the ilium was employed. A great object secured by the long splint is the fixture, so to speak, of the body and the fractured limb, thereby preventing motion. Extension was made by means of adhesive straps applied to either side of the leg from the knee, and sufficiently long to be passed through a foot board attached to the straight splint, and tied. The counter extension was effected by a perineal bandage fastened to the upper end of

the splint Three short splints were applied to the thigh, one in front, one behind, and one at the inner side. When the whole was adjusted it was found that the limb, compared with its fellow, was in a natural position. The following day found the man comfortable and the limb in good condition. Subsequently, in consequence of excoriation at the perinæum, a pully and weight at the foot was substituted for perineal bandage. The foot of the bed was raised to the extent of eight inches, and the upper end of the long splint was attached to the body by bandage. No untoward symptom presented itself, and at the end of six weeks the splints were removed. Provisional callus upon the posterior aspect of the bone was found to be abundant, but the limb was natural in its general appearance. A starch bandage was applied and the patient removed to his home. He has been seen since that time, and now, on the 20th of March he is able to get about on crutches. The limb is looking well.

The fracture of the fibula did not require much attention. By pressure behind, the fragments were brought into place, and the leg was made comfortable by an elevated position.

CASE OF FRACTURE OF THE NECK OF THE FEMUR—INTRA-CAPSULAR.

Peter R. aged 67, native of Ireland, admitted 10th of Feb. 1871. A feeble bodied man met with an accident a fortnight before admission, by falling heavily upon the ground striking upon the nates. The perinæum was much bruised and diffused inflammation followed. Abscesses formed and discharge continues. He was entirely helpless, not being able to move the left leg. Upon examination, the principal deformity was found to consist in shortening of the limb to the extent of an inch and a half. Crepitus could be felt upon flexing the thigh. The limb was placed in a comfortable position on the double inclined plane. A few days after it was noticed that the limb had become shortened to the extent of three inches, and that the trochanter major was prominent and much higher up than natural. A pully and weight was attached to the limb, but the patient was unable to bear the confinement. The limb was then placed in a McIntyre splint and made fast. This degree of confinement the patient has been able to endure.

It is no uncommon thing for the shortening, which is limited at first, in intra-capsular fracture to become greater from the stretching of the capsular ligament. Of course when the fracture is completely within the ligament, the hope of ossific union must be limited, but in this case it is hoped that the fracture is oblique and that a portion of the upper fragment is attached to the capsular ligament so as to obtain a better arterial supply.

Selected Articles.

LOBULATED INTRA-UTERINE FIBROID TUMOR SUCCESSFULLY REMOVED.

BY WILLIAM SYMINGTON BROWN, STONCHAM, MASS.

(Communicated to the Society, and read Oct. 4, 1870.)

Mrs. S— B—, thirty-six years of age, married, and the mother of two children, the younger of whom was born eleven years ago, was brought to my office for examination on the 19th of last July.

Appearance anæmic, much debilitated, stomach irritable, with scarcely any appetite, and frequent nausea. During the last nine years she has been subject to copious hemorrhages, aggravated at the menstrual periods, for which she has been attended by several physicians, without much benefit.

On examination, *per vaginam*, the uterus was found considerably enlarged, the sound passed four and one-half inches. She was told that it would be necessary to dilate the womb, in order to ascertain the precise nature of her disease, and, for greater convenience of access, she took up her residence with a married sister in the adjoining town of Wakefield.

A sponge tent was readily inserted on Thursday, July 21st, allowed to remain five hours, and a second tent inserted, which was removed next morning. On account of the extreme heat of the weather, and the near approach of her menstrual flow, nothing more was attempted till Friday, July 29th, when a third tent was inserted, removed after five hours, and replaced by an extra large sponge tent, which was allowed to remain over night. On its removal, the presence of a lobulated fibrous tumor, attached to the body of the uterus, and especially to the posterior wall and fundus, could be distinctly felt.

The patient and her husband were informed of the state of affairs, and a consultation recommended, to which they cheerfully consented. Dr. H. R. Storer, of Boston, was consulted, and agreed to visit and operate, if thought advisable, on the following Tuesday (August 2nd). He was unfortunately prevented from attending by personal sickness. Dr. Sullivan, of Malden, Drs. Stevens and Brown of Stoncham, and Dr. Abbott, of Wakefield, were present. The patient was fully etherized; a sponge tent, which had been put in on the preceding evening, removed, and a portion of the attachment broken up by the fingers and scissors. Several attempts were then made to pass the chain of an

ecraseur around the base of the tumor, but, on account of the narrow space and the firmest part of attachment being at the fundus, without success. The patient had now been three hours on the table, during which time she occasionally required strong stimulants, and although very little blood had been lost (less than two ounces), a majority of the surgeons present were of opinion that it would not be advisable to proceed with the operation that day. To have done so would have necessitated slitting up the cervix on both sides, a step sometimes followed by profuse hemorrhage, and the patient could not afford to lose much more blood.

She rallied well, and passed a good night.

A week later, Tuesday, Aug. 9th, at eleven o'clock a.m., the patient was again etherized, in the presence of Drs. Storer, Sullivan, Abbott and Brown. The cervix was thoroughly dilated by means of a rubber bag, filled with water, but it soon contracted again. The cervix was then partially incised by Dr. Storer, and an unsuccessful attempt made to pass the chain of an ecraseur around the tumor.

At this stage, Dr. Cutter, of Woburn, arrived, and also made a similarly unsuccessful attempt to pass the chain. He had fortunately brought with him a new instrument, capable of being attached to the large ecraseur, for operating in deep cavities. It consists of a flattened brass tube, eight inches long, three and one-sixteenth inches broad, and one-sixteenth inch thick. The tube is soldered to a round nut, which screws on to the socket, into which the branches also fit. Annealed iron wire is employed as the cutting agent. The tube was bent so as to form the arc of a circle with a radius of six inches. An oval loop of wire was formed, one and one-half inches long and one inch short diameter, and passed into the uterus by the side of the growth, the loop was then expanded and passed over the tumor with the aid of the tube, finger, and a blunt-ended sponge-holder. Traction was made, the finger following the wire, until the section was completed.

After the tumor had been thus detached, it could not be removed from the uterus, on account of its bulk, being nearly as large as the fist, until cut into three pieces by Dr. Cutter's apparatus. Even then it was with great difficulty and the application of much force, that Dr. Storer finally succeeded in "delivering" the two larger sections.

During this operation, which lasted fully three hours, stimulants were occasionally administered, but she rallied from the anæsthetic (Squibbs' ether) even better than on the previous trial. The urine was drawn off by catheter at five and eight o'clock p.m., at eleven p.m.

she passed water voluntarily, nor did the catheter require to be used again. No untoward symptoms of any importance occurred during recovery. Her appetite gradually improved, and within two weeks after the operation she was able to be moved to her mother's house in Lynnfield (a distance of three miles), for convenience of nursing, and in less than four weeks later returned to her own house in Peabody.

The after-treatment was exceedingly simple. Washes of weak carbolic acid (of 9 grains to the pint of water), alternating with the solution of permanganate of potass, were employed to remove discharges from the vagina, the odor from which was never very offensive. Iodized olive oil was used externally over the chest, and syrup of the hypophosphites of lime and soda given internally.

About five weeks after the operation the menstrual flow set in, and lasted nearly five days. The uterus, which had been much pro-lapsed, has returned to its normal position, and the incisions in the cervix have healed.

In several respects, this case is remarkable. Prof. Klob, of Vienna, says that the lobulated variety of fibroid polypus is rare. But the principal interest centres round the method employed for the first time in this case to detach the growth. When operations are necessarily conducted in narrow cavities, it is of the highest importance to have the instruments as small as possible. That Dr. Cutter's flattened tube possesses the advantages of compactness, combined with the requisite strength, was clearly shown in this case by the successful result. Most surgeons who have used Chassaignac's *ecraseur* will admit that the "kinks" or knots formed by the chain are annoying to the operator, and often foil him in effecting his purpose. To obviate this very difficulty, Dr J Marion Sims invented a complicated addition to the *ecraseur*, called a *porte-chaine*, which in other hands has failed, and is now laid aside as impracticable. This little instrument of Dr. Cutter's, originally intended for operations in the throat, answers so admirably for certain uterine tumors that it seems impossible to simplify it further.

It may be added that the rapid recovery, uncomplicated with bad symptoms, was greatly helped by the cheerful courage of the patient herself and the careful nursing of an intelligent mother.—*Gynaecological Journal*.

BOOK NOTICES.

MEDICAL AND SURGICAL REPORTS, BOSTON CITY HOSPITAL.
 Edited by J. Nelson Dorland, M.D., and David W. C. ...
 Published by Little, Brown & Co.

This volume contains upwards of 600 pages of reading matter, and several illustrations of excisions, skin diseases, &c. It presents a large amount of valuable statistical information in reference to the diseases treated in this hospital, covering a period of five years, such as pneumonia, acute rheumatism, typhus and typhoid fevers.

In looking over the article on Excision of Joints, we find that the elbow was excised ten times—for caries, four times; and for compound fractures, six times. The ratio of mortality was twenty per cent, but a very marked difference exists in favor of excision for disease. Of these none died, while of traumatic excisions one-third were fatal, and one-half of them required amputation subsequent to excision. The unsuccessful cases were, however, complicated with sloughing and delirium tremens.

The wrist was excised once for caries. All the bones were removed, except the trapezium. The case did very well, but the patient ultimately died of uræmia.

The hip joint was excised eleven times—nine children and two adults, seven survived, and four died, including both adults. The operation of excision is rarely ever successful, if performed after puberty.

In the article on Pneumonia, it appears that 190 cases were treated in the last five years. The greater portion of these cases were treated by the plan set forth by Dr. Bennett: milk and beef tea, with wine whey, to the extent of from six to twelve ounces of sherry wine daily. External applications have been used in many cases, by enveloping the part affected by a "jacket poultice" of flax-seed meal, and kept warm. The results were as follows of the 107 uncomplicated cases, 95 were discharged well, 2 relieved, and 10 died, or one to every 10 and 1-7th cases.

300 cases of acute rheumatism were treated, of these 125 were under purely alkaline treatment, and 18 of these developed cardiac diseases of the heart during their stay at the hospital, 13 endocardial, and 5 pericardial. The average stay at the hospital of those under alkaline treatment was 24 days, from this, one week may be deducted for the period of convalescence.

175 cases were treated by the non-alkaline plan, such as colchicum, opium, syrup of lime, blisters, &c., of these, 18 showed symptoms of cardiac disease, and the average stay in the hospital was 35 days, from which one week may also be deducted. These figures seem to favor the plan of Dr. Fuller.

We commend an attentive perusal of this volume to our professional brethren.

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WINES FOR MEDICAL USE.

It is a fact not generally known that in order to ensure a good wholesome wine, it is not necessary to pay an exorbitant price, and it is equally true that it is most difficult to obtain any wine without adulteration or admixture of spirits, either of which is prejudicial to its medicinal effect.

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The senior partner, Mr St George, a gentleman well known in Canada, where he has resided for many years, had been in the habit of importing for himself and for some of his friends the wine of his own vineyards of Leugaran near Montpellier, in the South of France, and other light wines of Languedoc. Finding how highly these wines were appreciated and the desire that was shewn to obtain a larger supply, he determined upon going extensively into the business, for which his large family connection in the principal wine growing districts of France and Spain, and his intimate local knowledge of those countries and their products, gave him special facilities. He has made arrangements in a number of choice vineyards for the shipment of wines, which are sent to his firm in Toronto, thus saving heavy expenses on the other side, and ensuring their arrival without adulteration, and at extremely moderate prices, owing to the small cost of the wine at the vineyards and the saving of intermediate profits and charges.

Quetton St. George & Co would especially call attention to the wines of Roussillon, which possess the tonic and astringent qualities of the Oporto wines, without the adulteration which has become so generally practised in that district, as to make "Port" the designation of a compound which is far removed from being the pure juice of the grape. The Roussillon ports range in price from one dollar per gallon upwards.

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For prices and full particulars, they refer to their printed circular, which will be sent free by post to any desired address.

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