

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- |                                     |   |                                     |   |
|-------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/>            | Coloured covers /<br>Couverture de couleur  | <input type="checkbox"/>            | Coloured pages / Pages de couleur   |
| <input type="checkbox"/>            | Covers damaged /<br>Couverture endommagée   | <input type="checkbox"/>            | Pages damaged / Pages endommagées   |
| <input type="checkbox"/>            | Covers restored and/or laminated /<br>Couverture restaurée et/ou pelliculée   | <input type="checkbox"/>            | Pages restored and/or laminated /<br>Pages restaurées et/ou pelliculées   |
| <input type="checkbox"/>            | Cover title missing /<br>Le titre de couverture manque  | <input checked="" type="checkbox"/> | Pages discoloured, stained or foxed/<br>Pages décolorées, tachetées ou piquées  |
| <input type="checkbox"/>            | Coloured maps /<br>Cartes géographiques en couleur  | <input type="checkbox"/>            | Pages detached / Pages détachées  |
| <input type="checkbox"/>            | Coloured ink (i.e. other than blue or black) /<br>Encre de couleur (i.e. autre que bleue ou noire)  | <input checked="" type="checkbox"/> | Showthrough / Transparence  |
| <input type="checkbox"/>            | Coloured plates and/or illustrations /<br>Planches et/ou illustrations en couleur   | <input checked="" type="checkbox"/> | Quality of print varies /<br>Qualité inégale de l'impression  |
| <input type="checkbox"/>            | Bound with other material /<br>Relié avec d'autres documents  | <input type="checkbox"/>            | Includes supplementary materials /<br>Comprend du matériel supplémentaire   |
| <input type="checkbox"/>            | Only edition available /<br>Seule édition disponible  | <input type="checkbox"/>            | Blank leaves added during restorations may<br>appear within the text. Whenever possible, these<br>have been omitted from scanning / Il se peut que<br>certaines pages blanches ajoutées lors d'une<br>restauration apparaissent dans le texte, mais,<br>lorsque cela était possible, ces pages n'ont pas<br>été numérisées. |
| <input type="checkbox"/>            | Tight binding may cause shadows or distortion<br>along interior margin / La reliure serrée peut<br>causer de l'ombre ou de la distorsion le long de la<br>marge intérieure. |                                     |   |
| <input checked="" type="checkbox"/> | Additional comments /<br>Commentaires supplémentaires:  |                                     | Continuous pagination.  |

CANADA

# MEDICAL & SURGICAL JOURNAL.

---

ORIGINAL COMMUNICATIONS.

---

*Introductory Address delivered at the opening of Session 1874-5, Medical Faculty, McGill University.* By DUNCAN C. MACCALLUM, M.D., M.R.C.S., England, Professor of Midwifery and Diseases of Women and Children.

GENTLEMEN—In extending a sincere and cordial welcome to those of you with whom they have already been associated as teacher and pupil, as well to those who now, for the first time, enter the classes of this faculty, the Professors would express their confidence that the gentlemanly conduct and devotion to study which have been the characteristics of the medical student of McGill, will be fully maintained by the members of the medical class of this session; and, that the mutual respect and good-will which have heretofore existed between the professors and the students will continue to exist, giving rise as usual to kindly feelings towards, and a warm interest in each other.

There is no other science, which includes within its range so many and such varied departments, of knowledge as the science of medicine,—its grand aims being the preservation of health and the cure of disease. To further these important objects it has placed under contribution almost all the other sciences, and gathered within itself the most diversified information. Whatever of truthful observation and discovery has been brought to light by earnest investigators, bearing upon the difficult problems involved in the

successful working out of these objects, has been immediately appropriated and utilized, no matter from what source it may have been derived. Coeval with the creation of man, and originating in the dire necessities of his mortality, and in his relations to the forces of the universe, medicine was practised, albeit in a simple and primitive manner, ages before the words and deeds of active struggling humanity were recorded by the historian. Pain, disease and death, we are authoritatively told, became the heritage of man, and to these malign influences his living material being was constantly exposed. Not helplessly, however, for in the intellect with which his maker had endowed him, he possessed the power of investigating phenomena, reasoning upon them and forming conclusions. Thus, by observation and experience, he soon learned what to avoid in order to preserve his health, and more gradually what to apply when his system was invaded by disease. The knowledge, at first limited and scattered amongst individuals, and handed down from one to another, was in course of time increased, systematized and made the special study of a certain class of men. For many centuries medicine remained simply a science of observation. Therapeutics, or the knowledge of the treatment of disease, during this period, was consequently of the most elementary kind. Experimental investigation, to determine the laws of life, their operations in maintaining the normal healthful state of the human economy, and the influences which by disturbing the harmony of their actions produced disease, was, from the difficulties which attended its prosecution, altogether neglected. The religious element in man, which in his unenlightened state led him to attribute disordered conditions of the system to the malignancy of evil spirits whom he deified and endeavored to propitiate by rendering them homage; in later years, and in the light of Revelation led him to consider that disease was caused by the direct and immediate action of the Divine Being. This theological view of disease coupled with, and mainly the result of

a profound ignorance of physiology, long retarded the advance of the healing art.

The introduction of experimental investigation into the study of the sciences which form the ground-work of medicine has thrown a flood of light on the true nature of disease, and dispersed for ever the superstitious view which had previously obtained, replacing it by the higher and nobler view, "that every disordered state is the consequence of definite antecedent conditions, which, under the same circumstances, invariably produce the same results." And it has been by long-continued and carefully repeated experiment that all the brilliant discoveries which have made medicine the noble and elaborate science, which it is to-day, have been accomplished. And still the work goes bravely forward. Earnest enquirers are ever questioning the secrets of nature, and striving to penetrate the mysteries of life. So numerous of late years have been the workers in the fields of Physiology, Pathology and Therapeutics, and so extensive and important have been their successes, that the science of Medicine has been in great part revolutionized. No amount of labor and time has been spared in studying the minute organs and parts of the human body—their condition in health—the influence of various external agents in producing such changes as result in disease—the nature of the changes produced, and the effects of agents in restoring the altered structure and disordered function to their normal and healthy state. The result of all this active and well-directed inquiry is seen in the extensive curriculum of study which is submitted to the student of Medicine of the present day, a knowledge of all the subjects contained in which being considered necessary to enable him to practice his profession usefully and successfully. Notwithstanding, however, the great advances which medicine has made, and the more perfected condition of medical knowledge, it is not now, and from the constitution of things, probably never will be an exact science. In those sciences which deal with lifeless matter, we can generally

trace effects to their causes, and given certain conditions, we can predicate with absolute certainty, certain results. It is not so in medicine. As a rule we have no absolute and unchangeable data on which to base our calculations. The subject we have to deal with is man—a living, organized being—a wonderful and mysterious union of matter, life and spirit. In endeavouring to form an opinion as to the causes of the phenomena of disease we labour under the difficulty that we cannot by experiment accurately determine all the conditions necessary to produce the results which we observe. Numerous disturbing elements, also, are frequently in operation, which must be known and eliminated in order to arrive at correct conclusions. These are found to exist mainly in the differences which obtain amongst individuals as regards physical organization, functional activity, vital energy, nerve force and mental activity. The more thoroughly these differences are studied and known, the better will their value be estimated as disturbing causes, and the less danger will there be in their interfering with correct inferences. That physician, therefore, is the most accomplished and best fitted for the practice of his profession, who, to an extended knowledge of nature, and the forces which operate through and in matter, adds a familiar acquaintance with life processes and the influence of mind upon them. This I assert, notwithstanding the tendency of modern thought to ignore the idea of life and spirit, and to refer all vital and mental phenomena to the operation of physical forces. The philosophic mind at all times has been earnestly directed towards the elucidation of the mystery which involves the subject of the material and the spiritual. The greatest intellectual efforts have been put forth in the attempts made to solve the problem as to what is Mind, Life and Matter; and, as a result we have had numerous well-reasoned and plausible theories, many wild hypotheses, but nothing as yet which has conclusively overturned the teachings of inspiration. The so-called advanced school of philosophy of the

present day, whose belief recently formulated by Professor Tyndall, "that matter contains in itself the presence and potency of every form and quality of life," is simply striving to invest matter with all the properties of life and spirit. It is passing strange, however, that while they maintain that the deepest mysteries of life are quite explicable by their theories, they cannot give any positive and satisfactory information as to what is the ultimate condition of matter, nor as to how it originated. Matter, say they, when reduced to its elementary state, consists of atoms, which, according to some authorities are round,—according to others are angular. Those holding the latter view must have perceived that if they admitted the globular form of atoms they would be placed in a difficulty. For as rounded bodies when placed in apposition do not touch at every point; interstices are left between them. If then there be nothing in the universe but matter, what occupies the interstices? Many physiologists of this school, while striving to prove that physical forces are sufficient for the production of all the vital processes, evidently cannot divest their minds of the idea that there is a force operating in the human organism which differs in its manifestations from any known physical force. For instance, Professor Lehmann says, "The correctness of the view which ascribes vital phenomena to mechanical conditions cannot be purely tested till the existence of this new force has been proved; but how can such proof be adduced in reference to a force the simplest effects of which are unknown to us, and which differs from other forces merely by its disregard to all restrictions, and of the limits prescribed by physicists to laws? It may be briefly asserted that the exclusion of physical agency affords no proof of a purely vital force, and yet there is no other means by which its existence can be established. The physicist who rigidly follows the leading maxims of his own science, must admit the possibility of a vital force, although he may regard any proof of its existence as at present impossible."

Now this is virtually conceding the difficulty of investigating and explaining the connection of life with, and its influence over, matter, and also, that the physical forces so far as they are known do not suffice to explain life processes—that although they enter largely into their production, there is beyond them, and distinct from them, another dynamical agency which is essential to the manifestation of vital phenomena.

Let us not, gentlemen, be unduly influenced by the specious theories of eminent men. The great object of the studies which will engage your attention is to conserve life. The term *life*, conveys to the mind of the physician the idea of a condition distinct from that of any physical force, or any combination of physical forces. It is, in his estimation, that *something* in man to which other forces are subordinate, and which makes the difference between the animated body that moves, breathes, thinks, and speaks and the dead inanimate form in which physical agencies have unrestrained operation.

As regards the existence of a spirit in man, allow me to quote what I have already said on another occasion:—That there is within us something which *thinks* and *wills*, and that it can exercise these faculties independently of influences, *ab extra*, will, I think, be conceded by all who have bestowed any—even the slightest attention to the operation of their own mind. It is no less certain, I conceive, that in the present state of existence, relations of the most intimate nature exist between this thinking immaterial spirit and organized matter. Indeed, so necessary to memory and a conscious existence does this connexion appear, many distinguished immaterialists have supposed that at death the soul takes its departure from the body in a subtle material vehicle; this vehicle having been its seat while it remained in association with the material body of the man. The most noted modern philosophers who have held this opinion were Wollaston, Hartley, Cudworth and Clarke. The Pythagorans and Platonists taught it among

the ancients. The mind, from the nature of its relations with nerve force, may be looked upon as one of the dynamical agencies which are capable of acting on matter. This view is not inconsistent with the idea of its being an entity essentially distinct from the material substratum through which it manifests itself. Nor does it suppose an identity between it and any of the other forces. It merely expresses that mental power is one link in that chain of forces which operate throughout the material part of the universe. For this force does not act blindly, as the other forces, which produce the same effects, all other things being equal, when called into action. There is associated with it a *self-determining power* or *will*, which may, indeed, be suspended, but which acts independently of, and frequently in direct opposition to, all promptings from without. The suspension of this *volitional power*, which is one of the strongest proofs of its existence, is seen in cases of somnambulism, and that peculiar state into which a person is thrown when he is said to be "biologized," or "mesmerized." In these conditions the mind acts automatically, following out those trains of thought; and those only, which are suggested to it from without. Nervous energy is the intermediate force between the various physical and vital forces on the one hand, and the psychical force on the other. It has been arranged by the all-wise Creator that the energy of the nerves of special sense shall be excited by certain modes of force, and that the changes which the impressions made on the vesicular matter, when transmitted to the cerebrum, shall excite psychical action, and perceptions differing in kind result therefrom. Thus light, so long as it is present, excites the energy of the optic nerve—sound or motion, that of the auditory nerve, taste or motion that of the gustatory nerve, and so on. And we know that it is through these channels, as well as through the nerves of common sensation, that the mind acquires one class of perceptions, the perceiving power being a manifestation of psychical force. From what is

observed in cases where one or more of the senses are wanting, as in the congenitally blind or deaf, we have evidence of the importance of innervation to the development of psychological power. It is quite conceivable that if the functions of the nerves could not be called into operation in a human being born into the world with a nervous system complete, there would be no manifestation of mind, not on account of the absence of the *divinæ particula auræ*, but from the want of that force by which it maintains its relations with the external world.

The question might properly be asked—"If mind be one of the dynamical agencies which operate through matter, what becomes of it when the material substratum through which it acts is so altered as to prevent its manifestations or in other words, when death ensues?" There is a point in all enquiries relating to mind, beyond which, man's unaided reason cannot penetrate. "Hitherto shalt thou go, and no further," is the inexorable decree. I would answer the question thus: Mind, in its present association with matter, may be studied in its relations with nerve force, and through it, with the various other forces which operate throughout the material part of the universe; but the determination of its *nature* and *destinies* cannot be arrived at by mere scientific investigation. The Creator of mind, as well as matter, has said, however, "Then shall the dust return to the earth as it was; and the spirit shall return to God, who gave it."

Whence are these forces, and what are they? By the Pantheist they were said to be the rhythmic development of the soul of the universe; by the more modern Materialist they are considered to be the powers—and potentialities which inhere in matter. Inasmuch as these views ignore the existence of a personal ever-governing intelligence in the universe, they are opposed to the sublime dogma of a revealed and eternal Deity.

Force is, doubtless, an emanation from the Divine will, which operating through various forms of matter, manifests

itself in heat, light, electricity, gravitation, growth, nervous force, &c., as the case may be. Here we recognise the omnipresence of the Deity—that all-pervading Divine agency, which sustains the life of the minutest animalcule, as well as the highest and most complex animal; which causes the sun to shine, the rain to descend, and vegetation to spring forth; which clothes the tree with luxuriant foliage, and tints the flower with beautiful hues; which marks out the path of the planets, and regulates the succession of the seasons. In the wonderful adaptation of means to ends, observable on every hand, the universe proclaims the existence of a governing *intelligence*, which has arranged all, and which supports all, and thus furnishes important proof of the personality of the Supreme Being.

“My belief is,” says the Rev. Professor Haughton, “that there is but one kind of force in existence, and that is the volition of God, acting according to fixed laws, and once for all set in motion at the creation of the world.”

These momentous questions are being keenly discussed and are agitating the minds of scientific men at the present day; and as they are intimately connected with the sciences which form the foundations of medicine, I have thought it advisable to give them this brief notice.

The science of medicine, gentlemen, in its present advanced condition, with all the additions that have been made to it in recent years, is certainly one of the most difficult studies that can engage the attention of man. But with all its difficulties, it is a deeply interesting study, one which is eminently fitted to expand the intellect and strengthen the mental powers. At first, doubtless, the dry details of the elementary parts are apt to prove tedious and irksome, and may even damp the ardour of the most enthusiastic student. But when these are thoroughly mastered, and an advance made to wider and more comprehensive subjects—when the interdependence of the different parts and their relations to each other are perceived—when the knowledge acquired is submitted to practical application,

and its value in the investigation and treatment of disease begins to be appreciated, the study becomes invested with the greatest interest, and its pursuit affords the highest gratification and pleasure to the student. The first Collegiate Session, then, is a critical one to the student of medicine. By the way in which he applies himself, and by the work which he accomplishes, it can be readily determined whether he will prove a success or a failure. It is generally admitted that success in any great aim or object in life is seldom the result of fortuitous circumstances. It is true that we hear a good deal said about lucky or fortunate persons, by which is often implied that whatever desirable position an individual may occupy amongst his fellows, has not been acquired by his own abilities and his own steady and persistent labour, but has been the result of chance events, over which he had no direct guidance nor control. The truly successful men, however,—the men who really do the work of the world are those who know what they have to do, and do it. The procrastinating, hesitating waiter on something to turn up—the fickle, restless seeker of brilliant and promising chances never accomplish anything worthy of note. After years of vain and fruitless anticipation, or spasmodic and misdirected effort, they lapse into disappointed men, who rail at the world and all it contains, because of their want of success, not seeing that the want was altogether in themselves. Failure, on the other hand, is not always the result of deficient mental capacity. It is not uncommon to meet with men possessing more than average brain power, who have never succeeded in doing anything for themselves nor for others. They may have the great pre-requisite of success, a powerful, or even brilliant intellect, nevertheless they become utter and hopeless failures. Truly, “the race is not always to the swift, nor the battle to the strong.”

To succeed in your studies you should enter on them with courage and with a firm determination to overcome every difficulty ; and if this determination be supplemented

by continuous and methodical work, there can be no question of failure. There will be times when wearied and fatigued you may give way to despondent feelings and if you be not strictly on your guard there exists a danger that you may either become careless and indifferent or give up study altogether. Rather than this it would have been better had you never commenced the study; for, as Lord Bacon observes, "a man is an ill husband of his honour that entereth into any action, the failing wherein may disgrace him more than the carrying of it through can honour him." It is not necessary, inoreover, to apply yourselves so closely and unremittingly to study as to seriously encroach on the time required for rest and bodily exercise. By so doing you may induce disordered states of the system; and, it is beyond doubt that diseased conditions of the body react with varying degrees of intensity on the mental processes. You may thus be rendered incapable of accomplishing as much work as if you were in perfect health. In the language of Shakespeare "the body and the mind are like a jerkin and a jerkin's lining—rumple the one and you rumple the other." If you consider the extensive ramifications of the nervous system and the important part which it takes in all the vital actions—its subservence at once to the higher mental operations, and to what we regard as the simplest and least important of the functions performed by the economy, you will readily understand the workings of the laws of sympathy, and why man's nobler part should be so much influenced by deviations from the physiological conditions of the meaner organs—those which are concerned in the building up and sustentation of his physique. The most distant parts of the periphery are united by nervous mediation with the cerebrum the admitted organ of the mind and the seat of reason. Strange as it may appear, nevertheless daily experience proves its truth, our feelings of pleasure or pain, happiness or misery, contentment or dissatisfaction, &c., depend, in a measure, upon the healthy performance of the functions of the diges-

tive system. It was remarked by Dr. Samuel Johnson, and few that have felt the pain he refers to will be inclined to disagree with him :—" that a sudden pang of the tooth-ache would render a man utterly indifferent to the most sublime strains of poetry, put to flight the most subtle train of metaphysical reasoning, and cause him to turn away from the most beautiful spectacle."

The great essential for success, then, in this as in any other study, is *work*—steady, well arranged, persistent work. A knowledge of medicine does not come to any man intuitively. There are no heaven-born physicians. Be constant in your attendance on the different lectures and weekly examinations, and while in the class room let your whole time be devoted to listening to and taking notes of the lectures. You can certainly make your mark in a far more honorable way than with a penknife on a deal board.

" Reading," says Bacon, " maketh a full man "; and superficial indeed would be your knowledge of your profession did you not read carefully and thoughtfully standard books on the different subjects taught in the lecture room. But above all, do not neglect hospital attendance. Clinical study is peculiarly adapted to give you just ideas of the physiognomy, nature and treatment of disease. It will induct you into habits of rigid observation and familiarize you with investigations into diseased conditions. You will thus be prepared to enter on active practice with a confidence which will be exactly proportioned to the attention you may have bestowed on clinical investigations and bed-side studies. By reading and by attendance on lectures you may certainly acquire a very fair knowledge of what has been written on the pathology, causes, symptoms and treatment of disease ; but if you neglect the opportunity which a hospital affords of practically applying and testing that knowledge at the bed-side, you will seriously compromise your chances of ever becoming accomplished and safe practitioners of the art of medicine. For in the wards of a hospital you meet with disease as it really manifests itself, not usually exhibit-

ing those clearly defined characters which are laid down in books as distinguishing individual diseases, but so modified by various circumstances and complicated by the presence of other diseases that long and patient application can alone give a facility in forming correct diagnoses.

In conclusion, gentlemen, consider seriously the great responsibility which attaches to the practice of medicine. To your knowledge and skill will be entrusted dear and valuable lives. If you be ignorant and incompetent, your patient may succumb to an attack not necessarily fatal, while, on the other hand, if you be competent and possessed of the proper knowledge you may by your treatment turn the vacillating beam of life in his favour and snatch him from impending death.

In view of this responsibility, then, and while the opportunity presents, strive earnestly to obtain a thorough knowledge of your profession; and rest assured that your efforts will receive the active sympathy and assistance of your professors, who, in all truth and honesty, sincerely wish you God-speed.

---

*A Case of Poisoning by Opium.—Recovery.* By GEO. WOOD, M.D., C.M., Fairbault, Minn. U.S.

On the night of Nov. 26th, 1873, I was called, at half-past eleven o'clock, P.M., to see Mrs. D., who had taken 40 grains of the Sulphate of Morphia, together with an ounce of Laudanum, which she had in her possession. She had been in a desponding state of mind for some little time, and had resolved to destroy herself, so she stirred the ingredients up in a little cold water, in a tea-cup, and having drunk the potion, she went to bed, at a quarter to eleven, P.M.

A servant girl, who slept in the same room, imagined that Mrs. D. was ill, "she snored so," and tried to awake her, but could not do so, and immediately called her sister-in-law, who also tried to arouse her, without avail. The

sister-in-law called in a gentleman of the Homœopathic School, who in turn tried to arouse the patient, but without success. I was then sent for, and first saw the patient at half-past eleven, P.M. She was then very drowsy, and there was marked stupor; the pupils were contracted almost to a "pin's point," and she lay quite motionless. It was possible to arouse her slightly, by shaking her, and calling loudly in her ear, but she relapsed at once into insensibility. The breathing was labored, and the pulse slow and full, skin moist and covered with a clammy perspiration. The peculiar smell of opium was recognized at once on entering her apartment.

I, at once, gave her an emetic of pulv. Ipecacuanhae, oz. jss. in combination with Extr. Stramon. fld. min. xv. Emesis at once took place, and I then thoroughly drenched the stomach with enormous quantities of warm water, and gave brandy and coffee very liberally. In addition, the extremities were diligently rubbed, and the patient obliged to make forced marches of several hours duration round the room. My efforts were happily successful, and the patient is now thoroughly well.

In this case there are three points of interest:

First.—The immense dose of morphia taken.

Second.—The happy effect of the Stramonium in aiding the effect of the emetic.

Third.—The complete recovery of the patient without a single bad symptom.

---

*Secondary Operation for Malignant Disease, involving the Superior Maxillary Bone.* By R. P. HOWARD, M. D., F. R. S. E., Prof. of Medicine, McGill University.—Reported by J. D. CLINE, B.A., M.D., House Apothecary.

J. McG., æt. 37, was sent into Hospital, August 27th, by Dr. Howard for the removal of an extensive cancer, involving the bones of the side of the face, which had recurred after excision of the Superior Maxillary. This first opera-

tion was performed by Dr. McLean of Ann Harbour University, in February last, and the disease was pronounced cancerous then. After the operation a tumour began to be developed under the left eye very rapidly. It attained its present size, about that of a walnut, in three weeks. His condition on admission to the Hospital was as follows: Externally was this tumour immediately under the left eye, with the integument over it bluish, but not adherent. The cicatrix after the incision of the first operation was bluish, extending up the mesial line of the upper lip, covering the ala of the nose up towards the inner angle of the eye, and thence running horizontally across the cheek; this latter part corresponding with the lower border of the tumour. Internally there was absence of the Superior Maxillary bone, the whole of which had been removed, with the exception of the nasal process, but this side of the cavity of the mouth was much contracted, and filled with hard nodular excrescences. By the matting of the muscles the jaws could not be opened more than three quarters of an inch. The patient suffered from a constant dull aching, with an occasional pain of a lancinating character. His general health was good. He was a stout, hardy countryman, and a splendid subject for operation.

*The Operation.*—After the administration of Chloroform, Dr. Howard proceeded to operate in the presence of the Medical staff of the Hospital. He made his incision from the inner angle of the eye directly across the tumour, well over the malar bone, and dissected the integument from the tumour upwards and downwards. He then made the vertical incision along the base of the nose round the ala of the nose and down the mesial line of the lip, by which incision he entered the cavity of the mouth. Then freeing the cicatrix from the base of the nasal process of the maxillary he dissected out the mass of the tumour, and reflected the large flap well up on the malar bone with a Hey's saw; he now cut through the malar bone near its articulation with the zygoma and the angular process of the frontal bone,

and removed its deep attachments by the bone pliers. He then proceeded to remove part of the palatal process of the right maxillary by extracting the two incisor teeth of the right side, sawing through the alveolar process, and dividing the hard palate by bone pliers, as well as the lower half of the vomer. He also removed part of the nasal process and the lacrymal bone. He then carefully dissected out all the suspicious-looking fibrous tissue around the sides of the great hole that was thus made, also scooping out as much as possible of the cells of ethmoid in which direction the disease seemed to extend. No vessel had to be ligatured though there was great general oozing which was checked by sponging with Liq. Ferri Perchlor. Dr. Howard now stuffed the hole with lint saturated in carbolic oil, 1 to 20, and sewed the flap up using silk all round, with harelip needles for the incision in the upper lip.

*Condition after the Operation.* — The external wound healed by first intention. The suppuration was very great from the internal surface, the fetor from it being well corrected by the carbolic dressing. On the third day after the operation some slight erysipelas appeared on that side of the face, and for a few days came and went in different parts in the neighborhood of the wound, but was easily checked by the application of a lead lotion. There was very little constitutional disturbance, which is surprising after such a serious operation about apparently so delicate a part of the body. About a week after the operation, noticing a somewhat suspicious appearance of the granulations along the edge of the palatal plate, which were large, soft and fungous, Dr. Howard clipped them off. He found that the bone was not involved as he had feared.

Now, about four weeks after the operation, the process of healing inside the mouth is progressing very satisfactorily. A great deal of contraction may be expected to take place yet. The greatest inconvenience which the patient experiences is inability to articulate by reason of the large communication between the mouth and nose. He has, however,

made arrangements with a clever dentist in the city to remedy this by a plate of gutta percha to form an artificial roof for his mouth. It is a very interesting case for such an attempt and presents difficulties which will try the dentist's skill. His success, however, in which I have no doubt, will prove to the Medical profession what is very important, namely, the amount of aid which surgery can derive from the mechanical skill of the dentist.

---

## HOSPITAL REPORTS.

---

### SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

Under the care of D. C. MACCALLUM, M.D., M.R.C.S.,  
England, Prof. of Midwifery and Diseases of Women  
and Children, McGill University. Reported by J. D.  
CLINE, B.A., M.D., House Apothecary,

*Two Cases of Strangulated Inguinal Hernia.* A Frenchman, 36 years old, was brought into the Hospital, about 10 o'clock one evening. The man had a hernia which had been strangulated for 38 hours. Three or four surgeons outside had made four different attempts to reduce by taxis, keeping it up for about an hour each time, and had failed. Chloroform had been administered once. Ice and linseed poultices had been applied at different times. The patient was in a weak and distressed condition, almost in a state of collapse when admitted. The hernia was very large and tense, extending into the scrotum, and the constriction very tight throughout the whole extent of the inguinal canal, but especially at the internal ring. The man had rejected everything that had been given him through the day, but had no stercoraceous vomiting.

On admission, ice was ordered to be applied and Morph. Sulph. gr.  $\frac{1}{2}$  was given dry on his tongue, and Drs. Mac-

Callum and Roddick sent for. On their arrival in about half an hour they tried taxis very gently under chloroform, but soon desisted knowing the handling which it had received before, and proceeded to operate. On getting down to the sac, they found that the stricture was in a great measure in the sac, and accordingly determined to open it. On doing this a considerable quantity of clotted blood escaped, which must have come from some vessel which was ruptured, apparently by the excessive handling which the parts received when in a state of congestion. The gut was very much congested. There was a small piece of omentum in the sac. On dividing the stricture the gut readily returned. The external wound was closed with stitches and a pad applied with a spica bandage. In the morning the patient was very weak; his pulse small and rapid. There was a good deal of tympanites, and considerable tenderness in the region of the operation. He was ordered Pulv. Opii. gr. i. every three hours, and if getting worse, every hour. He became steadily worse, the tenderness spreading over the entire abdomen. By 4 P. M. his pulse could not be felt. He had not been able to retain anything in his stomach all day. He died at 9 P. M., about 22 hours after the operation. There was no autopsy. The obvious cause of death was Peritonitis superadded to the collapse from which he never emerged. There can be no doubt that the repeated and severe manipulations to which the hernia was subjected, was in a great measure the cause of the rapid inflammation, apart from the incision into the sac; at least the condition must have been one in which the membrane would be much more liable to inflammation. Another element in the causation of the inflammation may have been some hæmorrhage from the ruptured vessel which had bled before, after the relief of the stricture.

The other case was that of a Frenchman about 60 years old, who was brought to the Hospital at 12 o'clock, suffering great agony, having a strangulated hernia of immense size. The hernia was an oblique inguinal on the right

side, occupying the scrotum and distending it greatly. The scrotum hung about nine inches. The accident occurred about 9 o'clock in the morning. It was an old hernia, but had never been strangulated before. By percussion it was found that a large part of the contents of the sac was omentum. An attempt at taxis outside, without the aid of chloroform, had failed. After the administration of chloroform, Dr. MacCallum succeeded, not without great difficulty and perseverance, in reducing it. An obstacle was the great difficulty in bringing the patient fully under the influence of the anæsthetic, so as to relax the abdominal walls. A pad with spica bandage was applied, and in a couple of hours after a sleep the patient went home.

*Compound Fracture of Forearm.—A useful limb resulting.*

I. M., aged 16, on the 25th of July, met with an accident in a tobacco factory, by which both bones of the forearm were broken, the radius protruding through a large wound in the back of the arm. The wound extended entirely across the posterior aspect of the arm, down to the bone through the deep layer of muscles. The torn fragment of the radius protruded about an inch and half. Fortunately the large vessels in front of the arm were not injured and the circulation in the hand was perfect. Dr. MacCallum put up the arm in an anterior splint and applied carbolic lotion by irrigation to the wound, having first cut off about one and one-fourth inches of the radius which was protruding, taking care to strip up the periosteum. After a couple of weeks a simple dressing with carbolic lotion was substituted for the irrigation. By this time the granulations had closed nicely over the ends of the bones. In six weeks the wound had entirely closed and the ulna fairly united. The boy now left the Hospital and comes up occasionally to show the arm. The radius is rapidly consolidating. He has perfect power of flexion and extension in his fingers and wrist, and will have a very useful arm, notwithstanding the impairment of the movement of rotation

which there will be. Throughout the whole time there was very little constitutional disturbance.

*Ligature of Anterior Tibial for Wound.*—F. D., 38 years old, carpenter by trade, inflicted a wound on the front of his leg about five inches above the ankle with an axe. The hæmorrhage was great from the division of the anterior tibial artery. The accident occurred on a Friday morning. He was seen by a surgeon who applied a compress and several layers of bandage very tightly over it. On Saturday evening, about 36 hours after the accident, he came to the Hospital. The whole bandage was saturated and stiff with blood which had been oozing through it constantly. Dr. MacCallum having arrived about 10 P. M. removed the bandages when the blood spurted out as freshly as ever. The wound was about three inches long extending obliquely upwards and inwards. The hæmorrhage being controlled by pressure on the femoral artery, the wound was extended upward about three-quarters of an inch when the ends of the vessel were very easily discovered, being engaged in the clot which filled the wound. A ligature was applied to the two ends and carbolic lotion ordered. Next day a large slough formed all around the wound evidently caused by the pressure of the hardened clot and compress which had been so tightly applied. Linseed poultices were now applied till this slough had separated, and then a chloral wash 1 to 50 was applied. The wound is now granulating nicely. The ligatures separated in about nine days without any return of hæmorrhage. This case shows the folly of trying to control the bleeding from a vessel as large as the anterior tibial by pressure. If the ends of the artery had been secured in the first place the man would have been confined only a few days, whereas now it will be a matter of several weeks, there being quite a large ulcer to granulate.

There are also under the care of Dr. MacCallum two very interesting cases of paraphimosis from inflammation. Both the men had soft chancres, with a good deal of in-

inflammation about the prepuce, which in both were rather long. Having got the prepuce back they were unable to draw them over the glans again. The stricture in both is about three-quarters of an inch behind the corona glandis, corresponding with the opening of the prepuce. In both cases when they came to the Hospital the stricture had been relieved by sloughing, so that nothing was to be done but to relieve the inflammation by local applications.

*Excision of Fibrocystic Tumor.*—On Saturday, Sept. 19th, W. S., aged 45, came to Hospital with a large tumor on his leg occupying Scarpas triangle. The tumor was very dense, except in one or two spots where fluctuation could be made out. It was very immovable, being bound down by the fascia lata, and bounded above by Poupart's ligament. The tumor had begun to grow three years ago, but had not caused any inconvenience until lately, when its bulk interfered somewhat with his walking. The patient experienced a sensation of numbness sometimes in his leg. The pulsation of the arteries below it was not quite so strong as in the opposite leg, yet the circulation was not seriously interfered with. Within the last six months it had grown more rapidly than before. Dr. MacCallum operated on Saturday, making an incision about nine inches long, over the tumor, a little outside of mesian line so as to avoid the saphenous opening with all its veins: when he got down to the sac of the tumor, he effected the dissection of the integument and fasciae by his fingers. The sartorius muscle was spread over the tumor and closely adherent. It was cut at each end of the tumor which was then easily enucleated. The femoral artery was seen pulsating immediately under. The wound was closed by stitches and a compress applied to keep the deeper parts of the wound in apposition, and carbolic solution used as a dressing. Six hours after the operation the patient was very comfortable, his pulse being only 56. On Monday, still progressing favorably. No fever.

## Correspondence.

---

*To the Editor of the Canada Medical and Surgical Journal.*

SIR,—It seems to me that there is a great want of organization amongst that large and very useful class of women in Montreal, the female professional nurses, which proves very inconvenient to those requiring them, and unprofitable to the nurses themselves. I do not know that there are any professional male-nurses in the city, although I have no doubt that a few could find pretty constant and lucrative employment. The total number of trustworthy female nurses finding employment in this city is, I believe, pretty large, and of these a certain section only is employed by each practitioner. It is not an uncommon complaint from friends of patients, that after getting a long list of addresses from their family medical attendant, they have to travel for hours, often at most inconvenient seasons, before they can find a suitable nurse disengaged. The out-of-the-way places where they have to go for nurses, too, is complained of; but if it is disagreeable to reach these places, how much more so must it be for this worthy class of people to live in them. A gentleman of my acquaintance lately went in search of a nurse, and after going to the dwellings of about twenty, failed to find one disengaged, and he recommended any one who wished to know Montreal as it is, to undertake a similar task.

Would the JOURNAL not suggest some plan for the remedy or amelioration of this state of affairs? Would the nurses not attempt some system amongst themselves? Might not some place be selected where nurses could leave their addresses, recommendations and information as to engagements, all of which would be not only convenient for those needing nurses, but also insure more constant employment to those availing themselves of this plan? Might not some comfortable "Nurses' Hall" be established where those

temporarily disengaged would find a pleasant home, at a reasonable price, instead of requiring to keep constantly for themselves rented rooms, often uncomfortable and ill suited to their tastes. In some such way as this the greater comfort of nurses and the convenience of the public might be secured. But who is to take the matter in hand?

The subjects of training and qualification are matters which might well be taken up, after some system of organization had been established in the *corps* of well-trained and qualified nurses which already exist in our midst.

I am, etc.,

BETA.

---

## Periscope Department.

---

### MEDICINE.

*On Ipecacuanha Spray in Winter Cough and Bronchitic Asthma.* By SYDNEY RINGER, M.D.; and WILLIAM MURRELL.

The successful use of a secret remedy by a well-known practitioner induced us to try the effect of inhalation of ipecacuanha spray. Our results have been so satisfactory that we desire to draw the attention of the profession to this mode of treating these obstinate complaints—winter cough and bronchial asthma. Our observations were made during January and February. Whilst under this treatment the patients took only coloured water, and continued their usual mode of living in all respects.

We shall first refer to winter cough. We have made observations on twenty-five patients, whose ages varied between forty-five and seventy-two, with one exception—that of a woman of thirty-two years. We purposely chose severe cases. In order to avoid burdening this paper with too much detail, we give here a typical case, which will serve in most points to illustrate the condition of the patients. Subsequently we shall report two actual cases in full.

The patient has been troubled with winter cough perhaps for many years. During the summer he is pretty well ; but during the cold months, from October to May, he suffers sometimes without intermission, occasionally getting a little better and then catching cold ; or perhaps he may lose his cough for a few weeks, but again take cold on the slightest exposure. So short is the breathing that he can walk only a few yards, especially in the cold air, and finds it hard work to get upstairs, and is often quite unfitted for active life. The breathing grows worse at night, so that he cannot sleep unless the head is propped up with several pillows. He is troubled, too, with paroxysmal dyspnoea, usually at night, which may last several hours, and compels him to sit up. Sometimes the breathing is difficult only on exertion ; and in those cases it is made much worse by fogs, east winds, or damp. The expectoration varies greatly ; in a few cases there is very little ; usually, however, it is rather abundant, and consists of mucus or pus, often with little or no rhonchus in the chest. It is often difficult to expel the expectoration. The cough is generally very violent, frequent, hacking, and paroxysmal, and the fits may last ten or twenty minutes and even excite vomiting. They are generally brought on by exertion ; nay, in bad cases so easily are they provoked that the patient is afraid to move or even to speak. The cough and expectoration are much worse in the morning on waking. Sometimes the cough is slight, and then the expectoration is generally scanty, the distressed breathing being the chief symptom. The patient generally wheezes badly, especially at night, and in a bad case the legs are swollen. The patient is emphysematous ; there is often no rhonchus, or only sonorous and sibilant or a little bubbling rhonchus at both bases.

In this common but obstinate complaint our results have been very striking, although in many of our patients so bad was the breathing that, on being shown into the out-patients' room, they dropped into a chair, and for a minute or so were unable to speak, or only in monosyllables, having

no breath for a long sentence. We used the ordinary spray-producer, with ipecacuanha wine pure or variously diluted. On the first application it sometimes excites a paroxysm of coughing, which generally soon subsides, but if it continues a weaker solution should be used. The patient soon becomes accustomed to it, and inhales the spray freely into the lungs. At first a patient inhales less adroitly than he learns to do afterwards, as he is apt to arch his tongue so that it touches the soft palate, and consequently less enters the chest than when the tongue is depressed. The spray may produce dryness or roughness of the throat, with a raw sore sensation beneath the sternum, and sometimes it causes hoarseness; whilst, on the contrary, some hoarse patients recover voice with the first inhalation. As they go on with the inhalation, they feel it getting lower and lower into the chest till many say they can feel it as low as the ensiform cartilage.

The dyspnoea is the first symptom relieved. The night after the first application the paroxysmal dyspnoea was often improved, and the patient had a good night's rest, although for months before the sleep was much broken by shortness of breath and coughing. The difficulty of breathing on exertion is also quickly relieved; for often after the first administration the patient walked home much easier than he came to the hospital, and this improvement is continuous, so that in one or two days or a week the patient can walk with very little distress, a marked improvement taking place immediately after each inhalation; and although after some hours the breathing may again grow a little worse, yet some permanent improvement is gained, unless the patient catches a fresh cold. We have heard patients say that in a week's time they could walk two miles with less distress of breathing than they could walk a hundred yards before the spray was employed. In some instances two or three days' daily spraying is required before any noticeable improvement takes place, this comparatively slow effect being sometimes due to awkward inhalation, so that but little ipecacuanha passes into the bronchial tubes.

The effect on the cough and expectoration is also very marked, these both greatly decreasing in a few days, though the improvement in these respects is rather slower than in the case of the breathing. Sometimes for the first few days the expectoration is rather increased. It speedily alters in character, so that it is expelled much more readily, and thus the cough becomes easier, even before the expectoration diminishes.

Treated in this way the patient is soon enabled to lie down at night with his head lower, and in a week or ten days, and sometimes earlier, can do with only one pillow. This improvement occurs in spite of fogs, damp or east winds—nay, even whilst the weather gets daily worse, and when the patient is exposed to it the chief part of the day. All these patients came daily to the hospital. Of course it is much better to keep the patient in a warm room.

Here are short notes of two cases, the first a very successful one.

J. H——, aged seventy-two, has had a winter cough for the last three years. The cough comes on in fits, and is very bad at night. Fogs greatly aggravate it. She spits about a teacupful of thick yellow phlegm in the twenty-four hours. So bad is her breath that she cannot lie down at night, but is propped up with pillows, and is always wheezing. She is obliged to stay at home for weeks together. Her lungs are emphysematous, with only sonorous râles. After the first inhalation there was great improvement—freedom from cough all night, with much easier breathing. Further improvement took place after the next day's inhalation, and still more after the third, so that on the sixth day of treatment, and after three inhalations, she reported that her breathing "was not near so troublesome; thinks nothing of it now; does not spit up half as much," and the expectoration is white and frothy. This poor woman was loud in her praise of the treatment; said she "never expected it," and "when first she came to the hospital thought she should never get about again." J. H—— is now suffi-

ciently recovered to take charge of a shop, though before her attendance at hospital she had not been out of her room for four months. She was discharged, and called a month afterwards to say there had been no relapse.

Now comes a less tractable instance, a fair specimen of one of the more obstinate cases.

M. A——, aged thirty-two, came to the hospital January 29th with a winter-cough of many years' standing, and worse this winter than ever before. The cough is paroxysmal, the slightest exertion, even talking, bringing on an attack. The paroxysms vary much, but generally last ten minutes. In the twenty-four hours she spits about a teacupful of thick yellow phlegm. Extremely short-breathed, and she is quite unable to do her house work, and at night is unable to sleep unless propped up with three pillows and a bolster. The breathing always gets worse at night. Fogs increase all her troubles. Has been hoarse for weeks, and if she talks much she altogether loses her voice. Her chest is very sore with coughing. She is emphysematous, and her breath-sounds are obscured by cooing râles.

Feb. 3rd.—The patient, who has had an inhalation on five successive days, now says she is in every way much better. The breathing is much easier; the cough is not nearly so violent; her chest is less sore; the expectoration is much less; and there is very little hoarseness.

6th.—The inhalations have been continued daily. The patient says she is better than she has been all the winter. The improvement in her breathing is very great and she can now do with only one pillow at night instead of three. She sleeps much better. The cough is greatly improved, and instead of being "aggravated" towards night, is now better at that time. Expectoration has almost ceased.

10th.—Has had only one inhalation since last date, and her breathing has been a little more distressed.

12th.—Has had an inhalation daily, and the dyspnoea has again nearly disappeared.

17th.—Has had but one inhalation since last date. The

cough now has almost left her, and she often goes twelve hours without a fit. Her breathing is so much better that she now does her own house-work, and is not propped up at night.

Discharged after ten inhalations and nineteen days' treatment.

A month afterwards she came to the hospital to say that her breathing was all right, and that she had been perfectly well since her discharge, with the exception of a slight hacking cough.

All but one of the twenty-five patients were benefited. In one case the improvement was very gradual, but there was evident temporary improvement after each inhalation. In twenty-one cases the average number of inhalations required was 9.4, and the average number of days was twelve, before the patients were discharged cured. The greatest number of inhalations in one case was eighteen, and the smallest three. The case longest under treatment required twenty-four days; the shortest, four.

In employing the ipecacuanha spray, in order to ensure as far as possible only its topical effects, we were careful to direct the patient to spit out and even to rinse out the mouth at each pause in the administration, for a much larger quantity of the wine collects in the mouth than passes into the lungs. If this precaution is not adopted, sometimes enough is swallowed to excite nausea and even vomiting, by which means the bronchial mucus is mechanically displaced, and of course in this way effects temporary improvement. Even when this precaution was observed, a protracted inhalation will excite nausea and sometimes vomiting by the absorption of the wine by the bronchial mucus membrane; though, strange to say, when thus induced, vomiting was long delayed, even for several hours—nay, sometimes not till the evening, though the inhalation was used in the morning. In the reported cases, however, improvement was not due to the nauseating effects of the spray, for we took care to avoid this contingency by

administering a quantity inadequate to produce this result. The duration of each inhalation will depend on the amount of spray produced by each compression of the elastic ball, and on the susceptibility of the patient to the action of ipecacuanha. As a rule, the patient at first will bear from twenty squeezes of the spray without nausea, and will soon bear much more. After two or three squeezes, especially on the commencement of the treatment, we must pause a while. It is necessary to look at the patient's tongue and tell him to learn to depress it, for if the tongue is much arched it will hinder the passage of the spray to the lungs. It is a good plan to tell the patient to close his nose with his fingers and to breathe deeply. The inhalation should be used at first daily, and in bad cases twice or thrice in the day; afterwards every other day suffices, and the interval may be gradually extended. If the ipecacuanha wine is diluted, then the spray must be used a longer time. In cold weather the wine should be warmed.

We have tried the spray with very satisfactory results in a few cases of the following more severe though closely allied disease:—A patient for several years has suffered from severe winter cough, with much dyspnoea, cough, and expectoration; and on several occasions has spat up a considerable quantity of blood. The physical signs denote slight fibroid consolidation, with excavation of both apices, and much emphysema, perhaps atrophous in kind. There is little or no rhonchus, and no fever. The expectoration may be slight or very abundant, muco-purulent or purulent. The dyspnoea is, perhaps, very severe; and is so paroxysmal as to justify calling the case bronchial asthma, with emphysema, and fibroid phthisis. In these cases the ipecacuanha spray is almost as beneficial as in the preceding. It soon controls the dyspnoea, thus enabling the patient to sleep, and greatly lessens expectoration and cough; and by these means really improves the general health. As in the previous cases, the first inhalation may considerably improve the breathing, though the effects are not so permanent, the

dyspnœa returning in the evening; so that spraying is needed night and morning, and may be necessary for weeks or months, the ipecacuanha appearing rather to give relief than to permanently cure the dyspnœa.

We have used the spray in two cases of true and severe bronchial asthma, with very opposite results. In one severe case, accompanied by a great deal of bronchitis, it gave very great relief. The other patient, not so ill, has been all his life asthmatical; and on catching even a slight cold his breathing becomes greatly oppressed. In this instance each application of the spray considerably aggravated the dyspnœa, even when the wine was diluted with an equal quantity of water. Possibly a still weaker solution might have been borne; but we are inclined to think that in this case any quantity of ipecacuanha would have disagreed, as the tightness of breathing increased almost immediately the inhalation was begun.

The successful case was a very severe one. For years this woman had suffered from bronchitic asthma, and when she applied to the hospital was unable to lie down owing to shortness of breath. She suffered also from violent paroxysmal dyspnœa, the worst attack beginning about three A.M., compelling her to start out of bed and struggle for breath. She was very emphysematous; her voice was very hoarse. The first inhalation removed the hoarseness, and much improved her breathing, which continued freer till midnight, when the dyspnœa returned. The cough was eased, and she expectorated more freely. Each inhalation always gave her very great and marked relief. She walked to the hospital with great difficulty, and was constrained to stop frequently. On entering the room she could not speak, but laboured violently and with loud wheezing to get her breath. A few inhalations would gradually set the breathing free, so that the air entered more and more, and the wheezing gradually left, till, on the completion of the inhalation, she could breathe without difficulty. As the breathing improved she could feel the spray descending

lower and lower in her chest. At first it would seem to reach only the back of the tongue, then the top of the sternum, then descend to midsternum, and at last she felt as if it reached as low as the pit of the stomach. This improvement was maintained through the day, but at evening a relapse would occur, so that her nights, though at first bad, were still better than before the treatment. Soon, however, the effects became more lasting, and she slept well. On discontinuing the spray, however, her breathing again grew worse, and she was obliged to revert to the treatment: but unfortunately she soon caught cold, and so bad was the weather, that she was obliged to stay away for days together. Whilst her breathing improved the cough and expectoration also improved, but these two symptoms continued rather troublesome. Probably in bad bronchitic asthma the spray must at first be used twice a day or oftener, and must be continued for some time to ward off the dyspnoea, for in these obstinate chronic cases the bronchitis may take a considerable time to cure. So marked was the improvement from the spray that the patient and her friends expressed their astonishment, especially at the prompt relief it gave.—*Lancet*.

---

## SURGERY.

*On the Dispersion of Tumours by Puncture.* By DEPUTY INSPECTOR-GENERAL CAMERON.

Those familiar with the East are aware that, from time immemorial, the native hakims have been accustomed to attempt to bring about the absorption of the enlargements of liver and spleen, so common in hot malarious countries, by the use of puncture with long, sharp stiletts of considerable thickness. Twining, in his work "On the Diseases of Bengal," mentions the practice.

I have never followed it for the purpose of procuring the dispersion of such enlargements, but I have frequently seen those of the liver disappear rapidly after repeated plunges

of an ordinary hydrocele trocar when seeking unsuccessfully for suspected abscess : and I may say here, that I never saw in any instance inflammatory or any other bad symptoms produced by such operations, strange as it may appear to those unaccustomed to perform them. But what I wish to draw attention to is, that other enlargements besides those of liver and spleen may be made to disappear by puncture. Nothing is more tedious than those chronic glandular swellings which, in strumous subjects, often in hot countries follow upon trifling causes, such as angry mosquito bites, riding a rough bucking horse, over-exertion, or a strain in cricketing and so forth. I have seen an officer laid up for many months, and ultimately invalided with a large mass of indurated enlarged glands occupying the whole inguinal region, and resisting all the recognized routine of treatment. Accident showed me that deep puncture of such masses with a common lancet held at right angles to the swelling, and pushed down to its bottom, will often cause absorption to set in and proceed rapidly. The first case in which this occurred to me was one of a mercantile gentleman, disabled by a mass of swollen inguinal glands, hard as a board almost, and resisting all treatment. This patient's loss of time at office was a very serious matter to him, and influenced by his despairing impatience, I plunged a lancet perpendicularly into the mass as far as it would reach. The point came out tinged with matter, and hard pressure brought up a little cheesy, ill-formed pus, but no discharge whatever followed, and absorption set in and proceeded rapidly.

An extraordinary and suggestive case occurred to me afterwards, which, in my opinion, affords grounds for thinking that puncture might possibly be found to bring about the dispersion of such growths as fibrous tumours of the uterus. Reasoning from the non-supervention of any evil symptoms after repeated and deep puncture of the liver, even with such a clumsy tool as a small hydrocele trocar, I see no ground for fearing to puncture with a small stilet

such a fibrous uterine tumour as is often plainly to be felt through the abdominal parietes, and I think puncture through them less likely to be followed by any evil consequences than puncture per vaginam, owing to the perfect exclusion of air. That an analogous operation of the kind can be done safely and successfully the following remarkable case shows.

When superintending surgeon of the Southern Province in Ceylon, one of my assistants requested my advice respecting an infant of a few months old, whose parents were in a great state of anxiety and alarm about a swelling which they had discovered in its abdomen, and on which the usual constitutional and local treatment produced no effect. A fine healthy infant was brought forward, through whose abdominal walls a firm tumour, about the size and shape of a dove's egg, could be felt with ease. It was smooth, movable to some extent, painless on pressure, and seemed to be situated in front of the upper edge of the quadratus lumborum muscle, as far as one could judge, half way from the spine. I told the parents that nothing operative could be attempted with it, and recommended patient perseverance in the treatment already adopted, assuring them that no change was to be feared if left alone. This did not at all satisfy them; they declared the tumour was steadily increasing, and would ultimately kill their child, imploring me to save it by an operation. To all this I turned a deaf ear, but they worried the gentleman in charge incessantly, and at last he too begged me to do something with the case, no matter what. On seeing the child again I found that the tumour was certainly increasing, for now it was as big as a full-sized pigeon's egg; still I counselled non-interference, assuring the parents that any operation would in all probability prove fatal. To this they replied that they were quite prepared for such a result, and willing to risk it, as death would certainly follow the steadily increasing enlargement of the tumour, so that really they had all the misery of seeing their only child dying by inches, and nothing done

to prevent it! At last, like the importunate widow, they wearied me out, and as in my then position I had not to dread either Mrs. Grundy's remarks or a coroner's inquest, I agreed to "do something," at the same time distinctly stating that inflammation and death would almost certainly be the result of meddling. Full acquiescence being given, I steadied the tumour between my fingers spread out, and then pushed a lancet, held at right angles, deep into it. The feeling communicated to the hand was that of penetrating a dense glandular structure. No trace of matter appeared on the blade, no diminution of the tumour, nor any sign of internal hæmorrhage; so the infant got a suitable opiate and a large poultice over the abdomen, the parents being quite happy at their wishes being granted. It never had the slightest fever or bad symptom of any kind, and, absorption having set in at once, the tumour, whatever it was, disappeared altogether in a very brief space, while I had the praises of my wonderful skill sounded in all directions. With this case and those where a like result followed on puncture of the liver borne in mind, I should be greatly disposed to try a similar treatment sooner than see a patient perish by hæmorrhage consequent on fibrous uterine tumour. Those who never witnessed hepatic explorations are often very slow to believe in their safety and good effects. An old Peninsular P.M.O., new to the East, once saw me push a trocar deep into the liver three times in succession without finding the abscess I was in search of. He stole quietly away, unnoticed, while I was bending over the patient, being fully convinced that death would result. Next morning he met me with a very ominous face, and inquired, "How is your man, sir?" "Oh, very well," I replied. "What, sir! very well! after receiving three deep punctured wounds in his liver?" I advised him to go and see for himself, and great was his surprise on doing so. In that case a perfect recovery took place, the general enlargement wholly disappeared, and the man, a sad drunkard, was soon discharged to duty.

Having, some years ago, been so well abused in the pages of this journal by the Netley Professor of Medicine, for strenuously advocating the early puncture of the liver in every case of suspected abscess, it is with peculiar pleasure that I have read in the *Medical Gazette* of the 25th of April last, p. 457, the brilliant success of the operation at the Madras General Hospital, in a case where two distinct abscesses—one containing four, and the other *forty* ounces of pus—were opened in succession in the same patient, instead of leaving him to die of hectic while waiting for “pointing” to take place, as insisted upon by my severe critic. How many lives have I seen sacrificed to such timid practice! My long experience in such cases leaves no doubt on my mind that where hepatic abscess is suspected to exist, not a day should be lost before endeavoring to evacuate it. If this is done while the abscess is still small, and also deep-seated, I am inclined to think that nothing beyond the first emptying of it will be required, and that the canula may safely be withdrawn and the opening closed at once. The last hepatic abscess I opened showed no external indications whatever of its existence. The man had never had any acute symptoms, but was steadily declining in health without any specific tangible cause, so that I was requested to see him in consultation, and diagnosed deep-seated abscess, more by the method of elimination than anything else, save the sort of intuitive conviction which long experience often causes one to feel without being able to say specifically why. I felt certain he had a deep abscess somewhere in his liver, and made two deep unsuccessful explorations for it with an ordinary trocar. Fancying I had not gone deep enough, I took a long rectum trocar, and with that hit the spot, and evacuated about two ounces of thick matter. The usual plan of fastening in the canula was adopted, but it slipped out in the night and could not be reintroduced, in consequence of the resistance and struggles of the man. I expected effusion into the peritoneum and death would result, but to

my surprise the man rapidly recovered without the slightest bad symptom, and without any further discharge whatever, thereby considerably enlarging my ideas on the treatment of his formidable ailment; but, unfortunately, I never had another case of it during my subsequent year's service in India on which to try the improved plan of management with which accident had made me acquainted.—*The Lancet*.

---

*Hydrophobia with Two Years and A Half Incubation.*

Dr. Féreol, at the meeting of the Académie de Médecine of the 21st ult., read a very long memoir on a case of hydrophobia occurring in an individual bitten two years and a half before by a mad dog. He has since published it at length in the *Union Médicale*, but we may content ourselves with noting the chief points. The patient was a M. Durieux, a *pharmacien* by occupation, and forty-eight years of age. On June 18 he was admitted into the Maison de Santé with symptoms of commencing hydrophobia, which speedily became quite confirmed. Death occurred on the third day, and beyond some cerebral and spinal meningeal congestion nothing special was found at the autopsy, which was performed with the greatest care. The patient stated that he had been bitten in the hand two years and a half ago by a mad dog, and subsequent inquiries have confirmed his statement.

M. Féreol, convinced that his patient died of true hydrophobia, reviews at great length the various affections with which this may be confounded. Treating of "nervous hydrophobia," he refers to a remarkable case which fell under M. Demarquays notice. A student at the Hôtel-Dieu having been greatly affected by the suffering which he had witnessed in a patient dying of hydrophobia, had the misfortune as he was leaving the hospital to be himself bitten by a dog. He returned in a state of desperate alarm, and had the wound thoroughly cauterized, declaring that within six weeks he should return to die in the state of

horrible suffering which he had just witnessed ; and accordingly at the period indicated he did return with all the symptoms of hydrophobia developed. As he was still alive at the end of the forty-eight hours, when the patient whom he had seen had expired, M. Demarquay joked him, declaring that, as he had passed that period, he had not the disease, and had nothing to fear. These words inspired the youth with hope, his symptoms abated, and he recovered. That the present patient was suffering in some analogous manner is rendered highly probable by a statement made by Baron Larrey at the next meeting of the Academy. During the siege of Paris, he observed, this M. Durieux (who besides being a *pharmacien*, had a medical diploma) became well known to him as an applicant for employment in the ambulances. From the first he remarked his zeal and ardour, as well as his excited state and language. He seemed to seek to brave all perils in order to distinguish himself ; and his excessive anxiety to obtain the Cross, and his tumultuous joy on succeeding, made a great impression on M. Larrey. "I lost sight of him afterwards," he observes, "always remembering him however as one of the most restless, the most agitated, and the most excitable beings with whom I had ever come into contact. Did he not then present a moral predisposition to the manifestation of the neurosis which ended in a fatal hydrophobia ? For my part, I should be disposed to regard his case, not as an example of rabies with an incubation of two years and a half, but as one of cerebral hydrophobia, or symptomatic of acute delirium provoked or aggravated by the coincidence of the bite of a dog presumed to be mad."

While on the subject of hydrophobia, we may advert to a case related recently to the Paris Hospital Medical Society by Dr. Bucquoy Physician to the Cochin Hospital, in which intravenous injection of chloral was tried. He approves of the condemnation which has been so generally expressed of Prof. Oré's proposal to substitute this practice for the administration of chloroform in surgical operations,

but he believes that few will accuse him of temerity in resorting to this mode of treating a disease so invariably fatal as hydrophobia. And although the remedy has proved as useless as all others, the case is worth notice as confirming Prof. Oré's statement that large quantities of chloral may be injected with impunity. On the 31st of May, a robust and healthy man, who had been bitten in the hand six weeks before, was brought to the hospital. The symptoms, which had commenced two days before, were fully developed, and the pulse was 120. A solution of chloral (1 to 5) was thrown into the median-cephalic and radial veins by means of an Anel's syringe—this, which held five grammes, being replenished thirteen times; so that thirteen grammes of chloral were injected in the space of an hour and a half. At about the tenth syringe the stage of excitement appeared, just as under the use of chloroform; and after the thirteenth, the patient fell into a deep sleep. He slept for about two hours; and some time after he awoke, and while still somewhat under the influence of the chloral, he was able to drink small quantities of water twice. He passed the night calmly, and was able every now and then to drink, especially when a caoutchouc tube was employed. On the 1st of June he was very calm and contented, but on trying to drink the same frightful spasms seized him as at first. These afterwards continuing without exciting cause, and being accompanied by constant restlessness, chloral was again injected by the saphena vein, twenty grammes being employed before sleep was induced. This was very sound but, after it had lasted two hours, the patient was seized with a tetanic spasm of the muscles of the thorax, and soon afterwards died. Nothing remarkable was observed at the autopsy; but it was ascertained that in no point of the venous system, which was very carefully examined, was there trace of inflammation, nor were there any coagula, in any of the veins into which the chloral had been injected.

It is in relation to the intravenous injections that the case is interesting, large quantities of chloral having been thrown in with impunity. This probably arose from the precautions observed in doing this—viz., the employment of a weak solution (1 to 3), the avoiding any denudation of the vein, and the injection of small quantities (five grammes of the solution at a time, and that very slowly.—*Medical Times and Gazette*.

CANADA

# Medical and Surgical Journal.

MONTREAL, OCTOBER, 1874.

## HONOURS TO PROFESSIONAL MEN.

Public attention has been drawn to a letter signed M.D. which appeared in the last number of our periodical, which had for its text the bestowal of Imperial honours on a distinguished member of our profession in Canada. That such a course would be most acceptable to the profession in the Dominion there can be no doubt, and that the honour would be worthily bestowed on Dr. George W. Campbell, the venerable Dean of the Faculty of Medicine, McGill University, none will gainsay.

The claims that can be advanced for Dr. Campbell are numerous. He has steadily persevered in the practice of his profession during a period of nearly half a century, during the greater part of that time he has been identified as the Surgeon of this Metropolitan centre. Having been appointed to the chair of surgery in the McGill University in the year 1834 or 5, Dr. Campbell may be looked upon as almost the Father, so to speak, of surgery in Canada. But not only has he earned for himself, deservedly, a high reputation as a surgeon of practical skill and mature judgment in this, his adopted, country, but his reputation has spread far and wide, so that his name is familiar in the neighbouring Republic, in Great Britain, and on the continent of Europe. Another fact which would make the man a worthy recipient of such an honour, is that mainly through his influence has medical education in Canada been elevated to its present high standard, so that it is admitted that the medical graduates of McGill University are amongst the best educated men in their profession on this side of the Atlantic.

We speak of what we know full well, as in a recent visit to old England we felt an honest pride in learning from those whose opinion is worth receiving, that of all Canadian students those hailing from McGill University were amongst the best grounded men in their profession.

Again, we may state in reference to Dr. Campbell, that in times past, whenever the Government of the country sought counsel or advice in consequence of epidemic disaster, he, as holding a prominent position, has been selected for that work. In 1847 he was one of the Commissioners appointed under Imperial warrant, to carry out the relief which was extended to the emigrants who flocked to our shores in immense numbers that year, and who brought with them Typhus Fever of a most virulent and fatal type, following close on the footsteps of famine, the result of the failure of the potato crop in Ireland.

The British public are beginning to regard Canada as a part of the Empire. Hitherto there has existed a vast amount of apathy, a lack of desire to know anything about us. During the past few years the Canadian people have forced themselves under the notice of their fellow-countrymen. By the personal energy and enterprise of some of our Canadian Merchants, lines of steamships have been established, so that a voyage across the ocean which formerly consumed two months, can now be accomplished with all the comforts of a river excursion, in little over a week. This has excited a growing interest in the prosperity of Canada, which we are willing to admit is *perfectly disinterested*. We may even repeat the eulogy which, perhaps, has become somewhat stale, that Canada, with all its disadvantages, is destined to play an important part in the world's future history. In view of these facts it will surely be to the best interests of the mother country to cement that union and cherish that affectionate regard with which, as Colonists, we look upon the land of our forefathers.

The people of Great Britain must bear in mind that although colonists we are still Britons, not in name only,

but in feeling, in principle, in action, in everything save and except actual residence. We rejoice when they are glad, and mourn when they are in tribulation. Their Queen is our Queen, and their country our country. Honour and prosperity to England swells our heart with pride, and what brings discredit on the name of England equally affects us. Such then being the relative position between us, it is not too much to expect the conferring of honours on our people, as is customary in the mother land. Honours conferred by the Queen on the profession in Great Britain have invariably given general satisfaction. Of late years these honours have been freely distributed,—not more so than was fully earned by the recipients—but, as compared with former times, hereditary honours have been conferred with no sparing hand. This is sufficiently gratifying, indicating that the profession in Great Britain is recognized as occupying that place of honour which is its due, and which should be conceded to a class of men devoted to the relief of the miseries entailed by disease on their fellow subjects.

On referring to the records of the past we find that the first member of the profession who was created a baronet, was Sir Richard Graves, M.D., somewhere about the year 1645. It is true that Dr. Butts, spoken of by William Shakespere, was knighted by King Henry VIII. From the year 1700 to 1866 thirty-three members only of the medical profession received the honour of a Baronetcy, and the majority of these were men who had served in the army or navy. In Canada, although statesmen and jurists have been the recipients of Imperial honours, the medical profession has been hitherto overlooked. And who is there in any community more worthy of honour than he who, in advanced life, is looked upon with respect, love and esteem, who is regarded as another order of being, who in distress, is the comforter, in pain and suffering the unremitting attendant, the alleviator, in difficulty and danger—the one above all others ready and willing to sacrifice comfort, repose, health—aye, even life

itself—in performing a sacred duty without fee or reward, ready and willing to be spent to the very last in performing his allotted task. Such is the life, such the action of the true and faithful medical and surgical practitioner.

---

### MONTHLY NURSES.

The difficulty complained of by our correspondent BETA has often been experienced by ourselves, and we doubt not by many of our confreres. It is customary with nurses in this city to carry round their card of address, and leave one with each Medical Practitioner. Some of our medical friends systematically preserve a list of these names and addresses and freely give them to any applicant. This, however, is by no means a common custom, and when a necessity does arrive, too frequently those seeking the aid of nurses are obliged to run the town round before their efforts are crowned with success. It has been our idea to publish a list of nurses and their residences in a column of our journal, this we would repeat from month to month, and of those who are engaged in their business any one month, the fact could be intimated in such issue of the Journal. It only requires a little concerted action on the part of the nurses themselves, and of our medical friends. We would head the page, monthly nurses, with the month indicated: Mrs.— No. 7 Bonaventure st., engaged, or when the nurse is not employed, a blank would appear. By this means a record would be preserved, constantly on hand and of use to the practitioner and to the public generally.

With regard to male-nurses we think ample room exists in Montreal for this class of persons, and we feel certain that it has but to be commenced by a few industrious individuals to render it a success. We do not think a nurses' home would be advisable as we have a lively idea that there are many Sairey Gamps amongst this "very useful class of women," and judge that it would hardly answer. If a home were established we fear the conventional tea-pot would be

a prominent article of furniture in the establishment, and possibly its contents might be imbibed out of stemless wine-glasses as of old—we fear, also, that the many conflicting elements, or natures found to exist with this “useful class of women” might, if thrown together, result in an occasional visit to our worthy Recorder’s court, and a showing up in the only religious daily, to the manifest amusement and instruction of the numerous readers of that *estimable* journal.

---

### VACCINATION EXTRAORDINARY.

We have received a letter from Dr. Coderre, in which he requests us to reproduce in our columns an article which appeared in the “La Minerve” on the 7th August last. We would willingly do so, if in any way it would place the conduct which Dr. C. has been pleased to assume towards a brother practitioner in a more favourable light. Dr. Coderre has, through zeal in his anti-vaccination views, placed himself in a very unenviable position. He has not only attacked a system, which is admitted on all hands to be beneficial and necessary to stamp out a virulent and loathsome disease, but he has gone farther and made a direct personal attack on a brother practitioner. The public do not care about Dr. Coderre’s opposition to vaccination. They admit he is sincere in his views, but regard him as a fanatic, who would sacrifice everything even his own life in forcing on others his own convictions; but the important part of the whole matter, as far as Dr. Coderre is concerned, is that his convictions are not shared in by his fellow-citizens—he is consuming time, which to be practical, is money to every man, and indulging in much vexation of spirit, which renders a man dispeptic, splenitic, morose, miserable; deprives him of sleep, and with some would induce them to curse the day wherein they were born,—as did Jeremiah of old. We cannot see that we are called upon to republish the effusion of Dr. Coderre; he has

appealed to the public in a daily paper, and as our Journal is devoted to the scientific advancement of our profession, we fear that the article sent for publication would not be received with anything like satisfaction by our subscribers, and therefore we are forced to decline the honour of giving up several columns of our reading matter to this subject. We give in another column a report of a public meeting, and there our readers will observe that Dr. Coderre and his followers were publicly censured by a large majority of their fellow practitioners for unprofessional conduct. We cannot characterize the means employed by Dr. Coderre and his disciples to mislead the public by the circulation of an exaggerated and untruthful photograph—it was disgraceful.

---

### THE LATE VACCINATION CASE,

In response to an invitation, issued to the Profession throughout the city, by Dr. Larocque, one of the Health Officers, a number of gentlemen met in the Jacques Cartier Normal School on the afternoon of the 15th inst., to take into consideration a case of vaccination in a child, said to have been followed by injurious results.

Dr. Hingston was called to the chair, and Drs. Roddick and Grenier were requested to act as secretaries.

Dr. Larocque being called upon by the chairman, stated that he vaccinated the child in question on the 22nd July last, with lymph taken by himself in the presence of Dr. Thompson, from a heifer a month previously. The mother failed to return with the child in a week as directed, but came after a fortnight or more, and stated that a Dr. Jacques was of the opinion that *mortification* had set in, and the child would lose its arm. A bandage which had been ordered to be applied to the arm by the last named medical gentleman was removed, and beneath were found the vaccination sores suppurating nicely, though perhaps rather indolent looking, no doubt from the indifferent state of health of the child. These observations were verified by

three or four other members of the profession who were asked to see the case about this time.

While things were in this condition, it appears that Dr. Coderre and some half-dozen of his anti-vaccination disciples got wind of this *frightful* example of the evils of the system, and commenced to make capital of it. They first had the child photographed with the affected arm placed prominently forward, and then with the assistance of an artist, whose imagination they put also on the stretch, they depicted the upper arm as in a condition of sphacelus, making imaginary sections to endeavour to prove that the sloughs extended to the bone. The photograph and colourings were exhibited.

Drs. Kennedy and Trenholme stated that they saw the arm when it probably looked most unfavourable, and they could move the skin with the ulcers freely over the subjacent cellular and muscular tissues. They concurred in saying that there was nothing in the condition of the child to create such alarm—she played about, ate well, slept well, there was no enlargement of the glands of the axilla to indicate constitutional mischief—nothing in fact to prove that there was a shadow of basis for repudiating vaccination.

Drs. Coderre, Gauthier, and some half dozen others attempted to prove that they had seen the arm in a much worse condition than that described by the former speakers, and insisted that the drawings were not over coloured.

Dr. G. W. Campbell said that unless the child was actually dead, or at least the arm removed from the body, and sections of the part regularly made, these delineations must be pronounced incorrect, and imply the work of an artist drawn from imagination.

The chairman now stated that the child under discussion was in the building and if the meeting so decided it should be brought in.

The child was accordingly exhibited, all the members examining it in rotation : immediately after which the following resolution moved by Dr. G. W. Campbell, seconded by Dr. Rottot was placed in the hands of the chairman.

“That after having carefully examined the arm of the child Labelle, vaccinated by Dr. Larocque in July last, we are of opinion from the appearance of the arm now presented, that there has been no extensive destruction of tissue, and no evidence of any injurious virus having been introduced into the system; and that the scar presents the ordinary appearance of healthy vaccination.”

Dr. Campbell in speaking on the motion said that he who, having any pretensions to being a surgeon, would call that scar a syphilitic one, ought to be turned out of the profession. He further stated in the course of his remarks that he never knew, during the past forty years, of a bad case of small pox occurring to a single one of the large numbers vaccinated by him.

Dr. Rottot stated that, notwithstanding the general impression, he did not believe it was the intention of Dr. Coderre and his friends to injure the reputation of their brother practitioner Dr. Larocque, but to carry out their anti-vaccination programme.

An amendment to the motion was then proposed by Dr. Raymond seconded by Dr. Hamelin “That in this case of the vaccination of the child Labelle, vaccination has been proved to have been followed by bad results.”

The following voted for the amendment: Drs. Coderre, Beaudry, Brosseau, Durocher, Barsalou, Craig, Gauthier, Jacques, Archambault, Filiatrault, Hamelin, Raymond, Dagenais, Vilbon, Gariepy, Fafard, and Dubout. Total 17.

The following voted *nay*: Drs. G. W. Campbell, Rottot, Thompson, Trenholme, Howard, MacCallum, Rollin, Girilwood, Larocque, Rodger, Genand, David, Perrault, McDonell, Mondelet, Reed, Fenwick, Bessey, Barnes, Kennedy, O'Rourke, Ed. Robillard, Gagnon, Millette, Dugdale, Nap. Robillard, Leblanc, Desmarteau, Browne, Bourque, Mathieu, Leduc, Mount, Beaubien, Grenier, Rivard, Ricard, Laramee, and Roddick. Total 39.

The motion was carried by a similar contra-division.

Dr. Fenwick now moved, seconded by Dr. Ed. Robillard,

“That in the opinion of this meeting, the action of certain medical gentlemen in publishing and circulating photographs to represent alleged injurious effects of vaccination is strictly unprofessional and highly censurable, as calculated to mislead the public, and as adverse to the best interests of the science of the day.”

Dr. Howard quite coincided with the spirit of this motion, and thought that the medical and not the public press should be made the medium of discussion of such matters appertaining to the profession.

After some difficulty, owing to the confusion produced by Dr. Coderre and his party leaving the room, Dr. Fenwick's motion was put and voted for, by the same persons who had carried the former motion, with the addition of Dr. Garipey from the other party, thus increasing the former total to forty.

A vote of thanks was heartily tendered Dr. Hingston for his able conduct in the chair, after which the meeting adjourned.

---

## Books Received for Review.

---

The following works have been received from the publishers, and shall receive an early notice :

The Complete Hand-book of Obstetric Surgery ; or, Short Rules of Practice in every Emergency. By Charles Clay, M.D., late Senior Surgeon and Lecturer on Midwifery, St. Mary's Hospital, Manchester, England. 8vo. pp. 328.—Philadelphia, Lindsay & Blakiston, 1874.

The Physician's Dose and Symptom Book, containing the doses and uses of all the principal articles of the *Materia Medica* and officinal Preparations. By Joseph H. Wyths, A.M., M.D., &c. Philadelphia, Lindsay & Blakiston, 1874.

Lectures on the Clinical uses of Electricity, delivered in University College Hospital. By R. Russell Reynolds, M.D., F.R.S., &c., &c. 8vo. pp. 118. Philadelphia, Lindsay & Blakiston, 1874.

Surgical Emergencies, together with the Emergencies' Attendant, on Parturation and the Treatment of Poisoning. By W. Paul Swain, with eighty-two illustrations. 8vo. pp. 189. Philadelphia, Lindsay and Blakiston, 1874.

Materia Medica, for the use of Students. By John B. Biddell, M.D., Professor of Materia Medica, Jefferson Medical College. — — Sixth edition, revised and enlarged. 8vo. pp. 435. Philadelphia, Lindsay & Blakiston, 1874.

A Practical Treatise on the Diseases of Women. By T. Gaillard Thomas, M.D., Professor of Obstetrics Col. : Physician and Surgeon, New York, &c., &c. Fourth edition, 8vo. pp. 801. Philadelphia, Henry C. Lea, 1874.

A Treatise on Pharmacy : designed as a text book for the Student and as a guide for the Physician and Pharmacist. By Edward Parish. Late Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy. 8vo. pp. 977. Philadelphia, Henry C. Lea 1874.

A Conspectus of the Medical Sciences : comprising Manuals of Anatomy, Physiology, Chemistry, Materia Medica, Practice of Medicine, Surgery and Obstetrics, for the use of Students. By Henry Hartshorne, A.M., M.D. Second Edition. 8vo. pp. 1024. Philadelphia, Henry C. Lea, 1874.

Essays on Conservative Medicine, and kindred topics. By Austin Flint, M.D., Professor Theory & Practice of Medicine, Bellevue Hospital Medical School. 8vo pp. 214. Philadelphia Henry C. Lea, 1874.

Electro-Therapeutics, a condensed Manual of Electricity. By D. F. Lincoln, M.D., Physician to the Boston Dispensary. 8vo. pp. 186. Philadelphia, Henry C. Lea, 1874.