

## 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.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
  
- Additional comments /  
Commentaires supplémentaires:

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.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
  
- Includes supplementary materials /  
Comprend du matériel supplémentaire
  
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

*Powell*

CANADA  
MEDICAL AND SURGICAL  
JOURNAL.

*2*

A  
Monthly Record  
OF  
MEDICAL AND SURGICAL SCIENCE.

EDITED BY  
GEORGE E. FENWICK, M.D.

PROFESSOR OF SURGERY, MCGILL UNIVERSITY; ONE OF THE GOVERNORS OF THE  
COLLEGE OF PHYSICIANS AND SURGEONS; SURGEON TO THE  
MONTREAL GENERAL HOSPITAL.

VOL. V.



Montreal:  
PRINTED AT THE "GAZETTE" PRINTING HOUSE.

1877.

7934



# INDEX TO VOL. V.

PAGE	PAGE
<p>Ablation of the Cuboid bone..... 139</p> <p>A case of Progressive Pernicious Anæmia, Idiopathic of Addison. By Drs. Gardner &amp; Osler..... 385</p> <p>Acute Exanthemata..... 516</p> <p>Administration of Salicylic Acid.... 86</p> <p>Amenorrhœa..... 558</p> <p>An Emetic for Croup..... 555</p> <p>A new Method of local Anæsthesia. 38</p> <p>A new remedy called Digestine.... 418</p> <p>A new sign of respiration in the new born..... 461</p> <p>A new treatment in post partum Hemorrhage..... 471</p> <p>An iron renal Calculus..... 181</p> <p>Antiseptic Surgery paper by Dr. Grasette, Canadian Medical Association..... 106</p> <p>Aphasia Göthe..... 89</p> <p>Baynes, Donald, A. M., M. D., L.R.C.P., Edin., on a case of Suppression of the Salivary Secretion..... 439</p> <p>Bell, John, A.M., M.D., Case of Cerebral Aneurism..... 56</p> <p>Bell, John, A.M., M.D., on a case of Cancer of the Liver..... 433</p> <p>Bicarbonato of Soda in Toothache.. 23.</p> <p>Brandy in a certain stage of Rheumatic Fever..... 79</p> <p>Burritt, Dr. H. C. Acute Articular Rheumatism, treated by Salicylic Acid..... 53</p> <p>Canadian Medical Association, Annual Meeting of..... 100</p> <p>Cancer of the Liver, case of. By John Bell, A.M., M.D..... 433</p> <p>Carbolic Oil in the treatment of Piles, Dr. Wood..... 540</p> <p>Case of Cerebral Aneurism..... 56</p> <p>Cases of Erythema Nodosum..... 524</p> <p>Case of Suppression of the Salivary Secretion. By Donald Baynes, A.M., M.D., L.R.C.P., Edin.... 439</p> <p>Cline, John D., B.A., M.D., Report of cases of Colotomy in the left Loïn..... 488</p> <p>Chloral in Tetanus..... 137</p> <p>Chronic Enlargement of the Spleen. 314</p> <p>Celotomy in left loïn-fatal from Peritonitis; mesocolon found. Under Dr. Fenwick. Reported by J. D. Cline, B.A., M.D..... 488</p> <p>Congenital Absence of Rectum.... 126</p> <p>Cook, G. R., B.A., M.D., on the treatment of Diphtheria..... 205</p> <p>Correspondence from Edinburgh.... 545</p> <p>Cure of Tetanus, by Mechanical measures..... 220</p> <p>Death from Hemorrhage into the Bladder..... 224</p> <p>Diet and Exercise..... 467</p> <p>Differential Diagnosis..... 185</p>	<p>Diphtheria..... 83</p> <p>Diphtheria..... 425</p> <p>Diphtheria, treatment of, by Dr. G. R. Cook..... 205</p> <p>Dislocation of both hips..... 322</p> <p>Dislocation of the neck from a blow. 319</p> <p>Distal Ligature in Aortic Aneurism. 507</p> <p>Does Beef-tea cause or aggravate a tendency to Diarrhœa?..... 87</p> <p>Drake, Joseph M., M.D., case of Sun stroke treated by large doses of Quinine..... 99</p> <p>Drake, Joseph M., M.D., on the case of traumatic Tetanus, treated by Nerve Stretching, Calabar Bean and Chloral, case reported by Dr. Cameron..... 145</p> <p>Duncan, Geo. C., M.D., on Tetanus, following amputation of index finger, treated with Chloral Hydrate..... 536</p> <p style="text-align: center;"><b>EDITORIAL:</b></p> <p>The duty of publishing observations 44</p> <p>McGill University Graduates' Association..... 45</p> <p>The proposed Constitution of the Graduates Society..... 47</p> <p>Personal Items..... 48</p> <p>The Canadian Medical Association 90</p> <p>Coroner's Inquests..... 93</p> <p>Oculist to the Montreal General Hospital..... 94</p> <p>Summer Session, McGill University..... 95</p> <p>International Medical Congress.. 95</p> <p>Personal Items..... 96</p> <p>Reports of the Medical Officers of Health for the city of Montreal.. 140</p> <p>Pharmaceutical Chemistry at the Centennial..... 144</p> <p>Semi-annual Meeting of the College of Physicians, and Surgeons of Lower Canada..... 188</p> <p>Report of the semi-annual Meeting of the College of Physicians and Surgeons of L.C..... 191</p> <p>Belmont Retreat..... 192</p> <p>The Heredity of Syphilis..... 234</p> <p>The Civic Small-pox Hospital.... 236</p> <p>The new Corporation By-law..... 238</p> <p>The Physicians Visiting List for 1877..... 239</p> <p>William Warner &amp; Co., manufacturing Chemists..... 240</p> <p>Correction of Dr. Starke's paper on Gonorrhœa..... 240</p> <p>Small-pox and Vaccination..... 282</p> <p>Prodromic rashes of Small-pox.... 285</p> <p>Dr. Geo. C. Duncan on Litholysis 286</p> <p>Private Medical School of London, England..... 287</p>

	PAGE
Appointments in Scottish Universities.....	287
Bill of Amendments of the College of Physicians and Surgeons of L. C.....	288
Statistics of the city Small-pox Hospitals.....	288
Personal Items.....	281 & 288
The Act of amendment relating to the practice of Medicine in the Province of Quebec.....	324
An Act to amend and consolidate the acts relating to the profession of Medicine and Surgery in the Province of Quebec.....	326
Colonial Surgeons and the Merchant Marine.....	377
Foreign Medical Practitioners in France.....	383
Codding.....	384
Sanitary Statistics.....	427
Death of Sir William Fergusson, Bart., F.R.S.....	429
Registration of Canadian Diplomats.....	472
Enormous Abdominal Tumour.....	473
Annual Convocation of McGill University.....	474
The late Jas. Hamilton, L.R.C.S., Edin.....	478
Award to Messrs. Billings, Clapp & Co.....	480
The Quebec Medical Act.....	525
Registration of all Practitioners of Medicine.....	528
Personal Item.....	528
Registration of Foreign & Colonial Degrees.....	571
Mr. Lister and King's College.....	574
McGill University.....	575
Presentation to Dr. Chamberlin, of Freleigsburg.....	576
Election of Officers, Canadian Medical Association.....	107
Electrolytic Treatment of Tumours.....	218
Employment of warmth for Menorrhagia.....	43
Enteric Fever.....	281
Epithelioma of the Tongue, excision of the entire Organ by the Galvanic Ecraseur. By George Ross, M.D.....	337
Erythema Exudativum.....	521
Excursion to Couchiching.....	109
Extirpation of Bronchocele.....	569
Fenwick George E., M.D., on Ulceration and Stricture of the Rectum.....	481
Four cases of movable Spleen.....	462
Foreign Body in the Windpipe.....	80
Formula for Migraine.....	187
Fractures of the lower extremities.....	564
Gardner William, M.D., Professor of Medical Jurisprudence, McGill University, case of Progressive Anæmia. Idiopathic of Addison.....	385
Giant Cells in Syphilis.....	419
Gastrotomy.....	505
Gilbert, F. D., M.R.C.S., Esq., on the use of the Aspirator in hydrothorax.....	341
Glycæmia.....	228
Gonorrhœa treated by Oleum Erigerontis Canadensis.....	158
Harris R. Carr, C. E., the Pneumatic system of Sewerage and its application to the city of Montreal....	8
Hæmorrhagic Small-pox.—Dr. Osler.....	289

	PAGE
Hospital Gangrene.....	186
HOSPITAL REPORTS :	
Medical and Surgical cases occurring in the Practice of the Montreal General Hospital :	
Cases of Locomotor Ataxy, under the care of George Ross, M.D., reported by R. L. MacDonald, B.A.....	15
Case of Cirrhosis of the Liver with enlargement. Under the care of Dr. Roddick. Reported by Mr. James Bell.....	22
Case of Acute General Tuberculosis, fatal by meningitis. Under Dr. Ross. Reported by R. L. MacDonnell, B.A.....	59
Case of Pneumonia with Acute Meningitis. Under Dr. Reddy. Reported by Mr. James Bell....	61
Malignant disease of the Peritoneum complicated with Phthisis pulmonalis. Under Dr. Drake. Reported by Mr. C. H. Murray.....	110
Glioma of the Corpus Striatum. Autopsy under Dr. Ross. Reported by R. L. MacDonnell, B.A....	113
Aneurism of the Arch of the Aorta, pressure on the great veins, death and Autopsy, under Dr. Roddick. Reported by Mr. R. W. Powell.....	177
Case of Acute Rheumatism treated with Salicylic Acid, under Dr. Ross. Reported by Mr. H. N. Vineberg.....	255
Case of Tubercular Meningitis, under Dr. Ross. Reported by Mr. C. L. Cotton.....	258
Report of Post-mortem on above 17 hours after Death, By Dr. Wm. Osler.....	260
Case of Progressive Muscular Atrophy, treated without result by Phosphorus, under Dr. Ross, Reported by Mr. G. E. Armstrong.....	344
Case of Fibroid Contraction of the right Lung, with Displacement of the Heart, &c., under the care of Dr. Ross. Reported by Mr. C. L. Cotton.....	345
Rupture of the Vagina, under the care of Dr. Ross. Reported by Mr. C. L. Cotton.....	415
Acute right's Disease, accompanying pregnancy, miscarriage, peritonitis, death. Autopsy under Dr. Ross. Reported by Mr. C. L. Cotton.....	441
Autopsy on the above case, by Dr. Osler, eight hours after Death....	445
Case of Psoas Abscess, following excision of the testicle, under Dr. Fenwick. Reported by Mr. D. F. Smith.....	541
Case of Lithotomy, by Dr. Fenwick. Reported by Mr. D. F. Smith.....	542
Case of Unilateral Convulsions. Death. Under the care of Dr. Ross. Reported by Mr. Guerin.....	544
Howard, Henry, M.D., M.R.C.S., Eng., the increase of Insanity, What is the cause?.....	1

	PAGE
Howard, Henry, M.D., M.R.C.S., Eng., Medical Superintendent to the Longue Point Asylum. How to Diagnose certain forms of Insanity.....	404
How to prevent Hæmorrhage after the removal of Esmauch's Bandage.....	568
Hypertrophic Cirrhosis, with Chronic Jaundice.....	32
Hypodermic Alimentation.....	350
Hypodermic Injections.....	137
Hypodermic injection of Corrosive Sublimate in Syphilis.....	271
Hyposulphite of Soda in the treatment of boils.....	233
Hyoscyamine.....	233
Incipient Phthisis.....	560
Inflammation of the Breast in young men.....	231
Injecting the Male bladder without the aid of a Catheter.....	225
Is Syphilis transmissible by Milk? Jabourandi in Bright's Disease.....	316 570
Lecture at the opening of the session 1876-77, Medical Faculty, McGill University, By Dr. Ross.....	193
London Correspondence.....	207
Maltormation of the small intestine. Massage, and its value.....	229 557
Medical Education, Canadian Medical Association.....	108
Meeting of the International Medical Congress at Philadelphia.....	110
Meningitis as a complication of Pneumonia.....	82
Miliary Tuberculosis of the Pharynx.....	317
Milk diet in Albuminuria.....	84
Mode of Union of Amputation flaps. Nitrate of Soda in Dysentery.....	459 233
Nominating Committee, Canadian Medical Association.....	103
Notes on Abnormalities..... 49 and	529
Number of white blood Corpuscles.....	230
Obliteration of Depressed Cicatrices On "cellulo-vascular" polypi of the urinary meatus.....	372
On Parametritis.....	121
On a case of Intracranial Sarcoma.....	367
On the coincidence of pulmonary Phthisis, with valvular affections of the heart.....	226
On the use of the Aspirator in hydrothorax, by Dr. Gilbert.....	341
On the treatment of ovarian tumours by electrolysis.....	35
On the use of Salicine in Rheumatic Fever.....	375
On the treatment of Puerperal Convulsions.....	42
Onychia Maligna cured by Nitrate of Lead.....	40
Osler, William, M.D., L.R.C.P., Professor of Institutes of Medicine, McGill University, a case of Progressive Pernicious Anæmia, Idiopathic of Addison.....	385
Osler, William, M.D., L.R.C.P., L. description of post-mortem in the case of Cerebral aneurism.....	57
Osler, William, M.D., L.R.C.P., L. Professor of Institutes of Medicine McGill University, on Hæmorrhagic small-pox.....	289
Osler, William, M.D., L.R.C.P.,	

	PAGE
Lond., Professor of Institutes of Medicine, McGill University. On the initial rashes of Small-pox.....	241
Ovariectomy.....	500
Ovariectomy, paper by Dr. Strange of Aurora, read before the Canadian Medical Association.....	103
Oxide of Zinc in the night sweats of Phthisis.....	87
Paracentesis Thoracis.....	364
Penetrating Wound of the knee-joint	84
Peritonitis in Children.....	464
Peroxide of Hydrogen to arrest the spread of Scarlet Fever and Small-pox.....	465
Personal Items.....	139, 281
Phosphorus in Nervous Diseases.....	125
Physiology of Menstruation, paper by Dr. Rosebrugh, Canadian Medical Association.....	104
Piles, immediate cure by igni-puncture.....	505
Poisoning by Digitalis.....	277
Poisonous condition of the Blood of some slaughtered animals.....	227
Pompholyx of the hands.....	522
Post-partum Hæmorrhage.....	275
Proceedings of the Annual meeting of the Canadian Medical Association.....	100
Pulsatilla.....	570

REVIEWS AND NOTICES OF BOOKS:

A Manual of General Pathology for the use of Students and Practitioners of Medicine. By Ernest Wagner, M.D., Professor of Pathology in Leipzig.....	26
A brief report of cases of Sympathetic Ophthalmia, and Sympathetic irritation. By A. M. Rosebrugh, M.D.....	29
A Treatise on Diseases on the Nervous System. By Wm. A. Hammond, M.D.....	65
An Elementary treatise on Diseases of the Skin. By Henry G. Piffard, A.M., M.D.....	66
Medical Thermometry and Human Temperature. By E. Seguin, M.D. 115	
A contribution to the Medical History of our West African Campaigns. By Surgeon-Major Albert A. Gore, M.D.....	118
Pathology and Morbid Anatomy. By F. H. Green, M.D.....	120
Cyclopædia of the Practice of Medicine. By Dr. H. von Ziemssen, vols. 2, 3, 4 and 5.....	182
Chemistry, General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopæia. By John Atkfield, Ph.D., F.C.S.....	210
A System of midwifery, including the diseases of pregnancy, and the puerperal state. By William Leishman, M.D., &c.....	212
A Treatise on the Science and practice of Midwifery. By W. S. Playfair, M.D., F.R.C.S., &c.....	213
A Practical Treatise on Materia Medica and Therapeutics. By Roberts Bartholow, A.M., M.D.....	262
A practical Treatise on Diseases of	

	PAGE		PAGE
the Eye. By Robert Brudenell Carter, F. R. C.S. ....	264	By J. H. Wythe, A. M., M.D. ....	553
A Contribution to the Treatment of Uterine Flexures and Versions. By Ephraim Cutler, A. M., M.D. ....	267	Report of Committee on Prize essays Canadian Medical Association. ....	163
Walsh's Combined Physician's Call Book and Tablet. ....	269	Ross, George, A. M., M.D. Excision of the Tongue, by the Galvanic Ecraseur. Followed by Deep Suppuration and Death. Reported by Mr. John Brodie. ....	337
Inhalation in the Treatment of Disease, its Therapeutics and Practice. By J. Solis Cohen, M.D., &c. ....	307	Ross, George, A. M., M.D., Professor of Clinical Medicine, McGill University, Lecture delivered at the opening of the session, 1876-77	193
Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. xi. Diseases of the Peripheral Cerebro-spinal nerves. By Prof. William H. Erb, of Heidelberg. Translated by Mr. Henry Power of London. ....	309	Salicylic Acid as an Antipyretic. ....	135
On Coughs, Consumption and Diet in Disease. By H. Dobell, M.D., F.R.C.S. Compiled and Edited by D. G. Brunton, M.D. ....	311	Salicylic Acid in Acute Articular Rheumatism. ....	53
A Practical Treatise on the Diseases, Injuries, and Malformations of the Urinary Bladder, the Prostate Gland, and the Urethra. By Samuel D. Gross, M.D., LL.D., D.C.L., Oxon. ....	349	Shepherd, F. J., M.D., M.R.C.S., Eng. Notes on Abnormalities. ....	49
The Electric Bath, its medical uses effects and appliances. By Geo. M. Sweig, M.D., &c. ....	353	Shepherd, F. J., M.D., M.R.C.S., Eng. Notes on Abnormalities Observed in the Dissecting Room of McGill University, Session 1876-77. ....	529
A Manual of Percussion and auscultation. By Austin Flint, M.D. ....	355	Shirriff, W. E., M.D., L.R.C.S., Edin. On the early use of the Clinical Thermometer. ....	305
Annual Report of Diseases of the Chest. Under the direction of Horace Dobell, M.D., &c. &c. ....	416	Stark, G. A., M.D., case of Sycozes treated with Carbolic Acid and Canada Balsam. ....	97
The Principles of Human Physiology. By W. B. Carpenter, M.D., F.R.S. ....	417	Stark, G. A., M.D., C.M., Report of Gonorrhœa treated by Oleum Erigeronis Canadensis. ....	158
Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen, vol. vi. Diseases of the Circulatory System, together with chapters on Whooping Cough, Diseases of the Lips, cavity of the mouth and soft palate. ....	447	Statistics of 923 cases of Trephining. ....	39
A Treatise on the Theory and Practice of Medicine. By John Sye Bristowe, M.D., &c. ....	493	Stricture of the Oesophagus: gastro-tomy, recovery. ....	361
Lectures on Orthopædic Surgery and Diseases of the joints, delivered at the Bellevue Hospital Medical College. By Lewis A. Sayre, M.D., &c. ....	495	Subcutaneous Injections. ....	312
A Directory for the Dissection of the human body. By John Clelland, M.D., F.R.S. ....	498	Successful Gastro-tomy. ....	506
A practical Treatise on the Diseases of Children. By A. Forsyth Meigs, M.D., and William Pepper, A.M., M.D. ....	499	Sun-stroke treated by large doses of Quinine. Reported by J. C. Cameron, M.D. ....	99
Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. VII. Diseases of the Chylopoetic System, together with chapters on Diseases of the Naso Pharyngeal Cavity, &c. &c. ....	548	Supra-orbital Neuralgia. ....	315
Therapeutic Use of Faradaic and Galvanic Currents in the Electro Thermal bath, with history of cases. By Justin Hayes, M.D. ....	551	Surgical Electrolysis. ....	451
The Microscopist; a Manual of Microscopy and Compendium of Microscopic Sciences. Third Edition, re written and enlarged.		Sycozes Treated by Carbolic Acid and Canada Balsam. ....	97
		Tetanus, following amputation of the index finger. ....	536
		The abuse of Hypodermic Injections of Morphia. ....	67
		The action of Jaborandi. ....	77
		The early use of the Clinical thermometer. Dr. Shirriff. ....	305
		The Etiology of Herpes Zoster. ....	230
		The Inheritance of Syphilis. ....	214
		The Initial Rashes of Small-pox. By William Osler, M.D., L.R.C.P., London. ....	241
		The Inoculation of Cancer. ....	374
		The Inutility of Cutting the Frenum Linguae in new born infants. ....	232
		The Magnet in cases of broken needles	280
		The modern neglect of Calomel. ....	129
		The Muscular Arterioles. ....	509
		The night Cries and night startings of Children. ....	471
		The operative treatment of Pleuritic exudations. ....	85
		The Pneumatic System of Sewerage and its application to the city of Montreal. ....	8
		Therapeutics of nervous Disorders. ....	365
		The uses of Pepsin in Medicine, and its preparation. ....	455
		Three cases of injury to the nerves. ....	321
		Tincture and Oil of Decayed Maize. ....	375
		To Check Colliquative Sweating. ....	86
		Torsion versus ligature of large Arteries. ....	120

	PAGE		PAGE
Traumatic Tetanus, treated by Nerve Stretching, Calabar Bean and Chloral.....	145	Treatment of Pityriasis by Solution of Chloral.....	464
Treasurer's Account Canadian Medi- cal Association.....	103	Treatment of umbilical hernia in Infants.....	232
Treatment of Acute Albuminuria.....	220	Two cases of Menstruation during infancy.....	567
Treatment of Acute Rheumatism by Salicin.....	273	Ulceration and Stricture of the Rec- tum, with report of two cases in which Colotomy was performed..	481
Treatment of Catarrh of the Bladder	420	Use of Chloral Hydrate in Labour...	463
Treatment of certain forms of Acne.....	229	Use of Physostigmine.....	81
Treatment of Diphtheria.....	70	Vital Statistics and Public Hygiene. Canadian Medical Association...	104
Treatment of Diphtheritic paralysis...	127	Volvulus and Ileus.....	279
Treatment of fissured and ulcerated Nipples.....	85	What is the cause of the Increase of Insanity?.....	1
Treatment of Herpes.....	88	Wood, George, M.D., Fairbault, Min. On the Treatment of Hæ- morrhoids by Injection with Car- bolic Acid Oil.....	540
Treatment of Hydrocele by Elec- tricity.....	479		
Treatment of Internal Diseases.....	133		
Trephining in Osteo-Myelitis.....	357		



## LIST OF CONTRIBUTORS TO VOL. V

---

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| ARMSTRONG G. E., Mr.               | GUERIN J. J., Mr.                     |
| BAYNES DONALD, M.D., L.R.C.P., Ed. | HARRIS R. C., C. E.                   |
| BELL JAMES, Mr.                    | HOWARD HENRY, M.D., M.R.C.S. Eng.     |
| BELL JOHN, A.M., M.D.              | MACDONNELL, R.L., B.A.                |
| BRODIE JOHN, Mr.                   | MURRAY CHARLES H., B.A.               |
| BROWNE A. A., B.A., M.D.           | OSLER WILLIAM, M.D., L.R.C.P., Lon.   |
| BULLER FRANK, M.D., M.R.C.S., Eng. | POWELL R. W., Mr.                     |
| BURRITT H. C., M.D.                | REDDY JOHN, M.D., L.R.C.S., I.        |
| CAMERON JAMES C., M.D.             | RODDICK THOS. GEORGE, M.D.            |
| CLINE JOHN D., B.A., M.D.          | ROSS GEORGE, A.M., M.D.               |
| COOK GUY R., B.A., M.D.            | SHEPHERD F. J., M.D., M.R.C.S., Eng.  |
| COTTON C. L., Mr.                  | SHIRRIFF W. F., M.D., L.R.C.S., Edin. |
| DRAKE JOSEPH M., M.D.              | SMITH D. F., Mr.                      |
| DUNCAN GEORGE C., M.D., L.S.A.     | STARK G. A., M.D.                     |
| FENWICK GEORGE E., M.D.            | VINEBURGH H. N., Mr.                  |
| GARDNER WILLIAM, M.D.              | WOOD GEORGE, M.D.                     |
| GILBERT F. D., M.R.C.S., Eng.      | WRIGHT Wm., M.D., L.R.C.S., Edin.     |

# CANADA

## MEDICAL & SURGICAL JOURNAL

---

Original Communications.

---

### THE INCREASE OF INSANITY—WHAT IS THE CAUSE?

By HENRY HOWARD, M.D., M.R.C.S., ENG.,

*Medical Superintendent Longue Pointe Lunatic Asylum.*

(Read before the Medico-Chirurgical Society of Montreal June 2nd, 1876.)

MR. PRESIDENT AND GENTLEMEN :—The subject that I wish to bring before the Society this evening, for their consideration, is one deserving our serious attention. It is a subject so obscure and clouded, that if we can get the slightest ray of light upon it, our time will not be misspent.

I propose that we should try and give a reasonable scientific answer to the oft-repeated question: what is the cause of the great increase of insanity throughout the civilized world? I say the civilized world, for we have no statistics at all to show that such a malady exists amongst the savage races, and from what we do hear, it does not.

We will not stop to discuss the question, is there an increase of insanity, for if statistics from the most authentic sources be worth anything, that is an established fact.

You are aware that many well meaning people seeing the great evil to society from intemperance, have endeavoured to prove that intemperance was the cause of the increase of insanity, but they have failed to establish that there is an increase of

intemperance. The contrary is the fact, as Government statistics from Great Britain, France and the United States prove, and every man of experience knows that if intemperance was the cause of insanity, great as has been its increase, we would have more insane persons than we have already. It is said, with what truth I do not know, that of the hundred million people on this globe, three millions go drunk to bed every night. I think myself this is an exaggeration, but we know that it is a sad fact, that thousands who have never gone mad, go to bed drunk every night.

We must not be led astray by those fanatical letter-writer that make these broad statements, nor by temperance preachers, no matter who they be ; we must be guided by scientific truth in our research. I am very sorry to say that too frequently the reports of medical superintendents of Lunatic Asylums have led many astray in this particular, but as a rule medical superintendents are not to blame ; they enter upon their admission book what they find entered upon the form presented to them by the friends of the insane person, and these friends are generally incapable of judging of the supposed exciting cause, and frequently mistake the first symptom of insanity for the cause. For example, a man that has been temperate all his life suddenly becomes intemperate. A hysterical girl suddenly becomes very devout and religious, both are simply the first symptoms of insanity, and we are told that drink is the cause in one and religion in the other. I recently admitted a case of hysterical mania, and on the order for admission it was gravely stated that the cause of insanity was that the girl was too happy, because, poor girl a few hours before she became a raving maniac,—she had told her mother that she was so happy, she feared she would go mad. Of course these answers to a question are simply meaningless, and of no practical benefit whatever to the medical attendant of an insane hospital. Indeed we seldom get any information that is of any practical use to us whatever. Like the medical men of general hospitals, we have our case before us and must diagnose what it is, without much assistance from others.

From sixteen years experience of the treatment of the insane, I can positively affirm that the number of inebriates were a very small minority, and of 210 treatable cases admitted into the insane hospital at Longue Pointe since August, 1875, I find there were but 29 even accused of being drunkards. Mind, I am fully prepared to admit that drunkenness, where it produces misery and suffering, may act indirectly as an exciting cause of insanity, and I am perfectly alive to the fact, that the poisons by which intoxicating liquors are adulterated, very often produce blood poison and consequent nerve poison and nerve suffering, but this is not to the point; I deny that drunkenness is a cause of insanity. So much for what is not the cause of the increase of insanity, and which I considered it my duty to lay before this society.

According to my views founded upon the writings of others and my own experience, there are two causes for the increase of insanity, the remote, and the immediate. The remote, that it is a hereditary disease, the immediate is summed up in one word, *suffering*.

If the theory of the best scientists in the world be correct, that insanity is as much a hereditary disease, as is phthisis, cancer, or gout, and that no man can go mad from any cause unless there is in him an insane neurosis, it follows as a natural consequence, of this heredity, that there must be more persons now with an insane neurosis than there were one hundred years ago, unless it be that these hereditary diseases die out and become extinct by time and circumstances. For my own part I do not believe that they do die out, and I have never seen any proof that they do. I believe that that which once exists, is, and can never be destroyed, though in the cases of hereditary taint, it may be modified by time and marriage; but then an insane neurosis, or any hereditary disease, has just as good a chance of being increased by marriage as it has of being diminished, for the hereditary taint may be on both sides of the house.

When we remember what procreation is, and that like begets like, we will find it as easy to recognize that the hereditary

mental organization is as transmissible for centuries through generations, as are family likenesses, and the latter we know to be a fact.

Accepting this view of the question, we can suppose a man born one hundred years ago with an insane neurosis, there could, at the present time, be two hundred people the offspring of that man, each of them having the hereditary taint, here there would be a fearful increase of the remote cause of insanity. But when we come to consider how many men existed one hundred years ago, with an insane neurosis, we have to come to the fearful conclusion that there are but few in the present day, who have not in them the hereditary insane neurosis. I say it is a fearful conclusion to come to, nevertheless if it be true it is better we should recognize it, and guard, as far as it is possible, against the exciting cause, which develops the latent malady.

In every hereditary disease there must be an exciting cause to develop the malady, a man may be the subject of latent phthisis, and never know it, not even his medical man may suspect it, till he gets an attack of bronchitis or pneumonia, when phthisis will develop itself. A man may be the subject of gout, and never know it till some ordinary disease reduces his system below par, and gout, for the first time, develops itself. A man may have latent cancer in his system, and never know it, till some of his glands receive a physical injury, when the cancer will develop itself. So likewise, a man may have in him an insane neurosis, and neither himself, nor any one else, be the wiser of it, till it is developed by its own peculiar exciting cause, and my theory is that the exciting cause that develops insanity is *suffering*, and I call suffering anything, no matter what it is, even though pleasurable to the person, like excessive venery, that diminishes vital power, or nervous force, and all physical suffering does diminish vital power or nervous force.

We are accustomed to make no distinction between what we call mental and physical suffering, but holding, as I do, that mind and body are one, I call all suffering physical suffering. I therefore hold that no matter what the form of insanity that

presents itself may be, whether it be from anæmia of the brain, hyperæmia, paralysis, or diminution of activity in the cerebral cells themselves, there must have preceded it, *suffering* in some form or other, which diminished vital power or nervous force, in the person, and from my own observation, I say that the form of suffering that most successfully destroys or diminishes vital power or nervous force, is what is understood as mental suffering, more particularly where the sufferer makes powerful efforts to conceal his suffering from the eyes of the world. Mind you that I fully recognize the fact and act upon it every day, of the important part that other organs, such as the lungs, heart, liver, digestive, urinary and genital organs take in cases of insanity, but instead of working upon disease of any of those organs as the primary cause, I conceive that these organs themselves suffer in common with the mental organization, from that which produced the diminished vital power or nervous force; in other words that these organs themselves, only became diseased, after there had been diminished vital power or nervous force, but it does not follow that the suffering which developed the latent insanity, should of necessity produce a disordered state of any of these organs, although if there was a latent hereditary disease in any of these organs, such as phthisis, or gout, I think, the same suffering would be very likely to develop it, and I am led to this conclusion from the fact, that the majority of female lunatics who run into dementia generally die of phthisis; on the other hand the majority of male lunatics who die in a state of dementia, die of renal affections and paralysis.

For the foregoing reasons I conclude that the cause of the increase of insanity is due to its being a hereditary disease, and that when latent it is developed by suffering, and that the suffering which develops it most successfully is what we understand as mental suffering, and I hold that mental suffering has been, and is, on the increase, and consequently is the cause of the increase of insanity. I should hardly think it necessary to prove to this society that mental suffering has increased, or that there has been a cause for increase within the last half century,

but it is necessary I should do so to make my reasoning conclusive.

I will only take two causes, though I might take many more. Two causes have arisen within the last half century to increase mental suffering, although, in themselves they have been a great blessing to the whole human race; but like every good thing they have their reverse side, and that side is dark and shadowy. I speak of emigration and education. So great have been the facilities offered for emigration within the last half century, that there is no country that has not sent forth thousands upon thousands of her people, to some promised land. Now it is impossible to conceive any human being leaving the land of his nativity, his parents, the home of his childhood, and his numerous friends, and for him not to suffer, and suffer acutely. Then he has his suffering when for the first time, he lands upon a foreign shore, amongst strangers, perhaps amongst a people who do not understand his language; then there is his first years suffering to earn wherewithal by which he may provide food and raiment; then, there is the large majority who never succeed in doing better than they would have done at home, then there is the small minority that succeed; but they find their promised land not to be all they expected, then in their old age, memory of the past, of the old home comes back to them and they, with all the others, suffer. And our insane hospitals contain insane of all nations, and one of their everlasting cries is, my own country, my own home. Yes, the self-expatriated always suffers more or less, no matter how successful he may be, memory of the past gives him suffering. Then see the suffering of those friends that remain behind. Their suffering is a living sorrow that clings to them till death; for they are always hoping against hope. I have said that emigration was a great blessing, but like any other substance it has its shadow, and that shadow is that it has been and is the cause of great mental suffering, and mental suffering unknown to our forefathers. Secondly there is *education*. No man in his senses will deny the blessing of education, but the facility of obtaining it within the last half century has no doubt been a cause of great suffering. The

labouring man, the tradesman, mechanic and small farmer can have their children as well educated as can the most wealthy of our citizens and that without any expense, and of course this is and has been a great blessing at least to some; that is to a very small minority, for certainly not more than one out of ten is a success in life, and it becomes a cause of suffering to nine-tenths. The children of these men after having been educated will never return to the calling of their fathers, and it would be hard to expect they would, at least in some cases. For example, we can hardly expect the labourer's son to go and earn his bread as a labourer after that he has been educated, but we might well expect the sons of artizans, mechanics and farmers to return to the calling of their fathers, and by virtue of their education to raise the standard of their calling, but do they do so? They do not, and why? Because they are not educated for their different callings, they are all educated with the idea that they must be professional men, or mercantile men. Time comes and too late they find that while they were running after a shadow, they lost the substance; they find the professions so crowded, that to drag out a miserable existence they must be perfect slaves, and, as I said before, not one out of ten of them succeed; it is one thing to bear a professional title, it is another to be a successful professional man; they destroy themselves, and, by their competition, injure their confreres, without serving themselves. No doubt but that they have made a grand mistake, and their mistake has brought upon them great sufferings. This is no fancy sketch, gentlemen, I know from the very best authorities, of the families of professional men being supported during the last winter from houses of charity.

After what the mercantile world has passed through, and is now passing through, need I speak of it, look at the thousands of young men thrown out of employment, look at the thousands of others looking for employment, and cannot find it; I have known some of them myself offer to become house servants; but, poor fellows, they were not even fit for that; surely education brought suffering upon them. I could go on and give you many other evils arising from the facilities of this false



system of education, but you can imagine them all. However one, in particular deserves attention, and that is the neglect of agriculture, the neglect of that very thing upon which all, each, and every one of us, are depending for our daily bread, let the agriculturist fail, the professional man, the mercantile man, tradesman and all, must suffer, and because of its neglect, is due at the present day, nine-tenths of all the suffering the world is passing through, still, young, strong, healthy men, lured by false appearances, will persevere in forsaking the land, and crowding into towns and cities, destroying the legitimate callings of others, and bringing ruin on themselves.

Gentlemen, you will remember I am not opposed to education, for as I already said, I consider it a great blessing; what I oppose is the *false system* of education in the present day, which I hold, has brought suffering to the human race, that our fore-fathers were unacquainted with, and until this system is changed, and education is provided upon a sound basis, each person obtaining that education suitable for their position and calling, *suffering* will continue to increase, and consequently so will insanity.

---

## THE PNEUMATIC SYSTEM OF SEWERAGE AND ITS APPLICATION TO THE CITY OF MONTREAL.

By R. CARR HARRIS, C.E., M. Inst. C. E.

Among the great questions which are still pressing upon society for solution, there is no one of more importance than that of finding out the right way of dealing with the sewerage of towns. Our old systems are on all sides acknowledged to be most unsatisfactory, leading to enormous expense, and yearly causing an amount of misery, sickness and death which can scarcely be calculated. Rich and poor are alike struck down by the fatal gases and the infectious diseases disseminated by our net-work of sewers, which not only let their deathly vapors leak through into the streets, but also discharge them into the chambers of our houses.

Custom has dulled our perception of these dangers, which if newly presented to our minds would startle us with their reality.

Few know how small the germ may be in zymotic diseases, and how rapidly it may develop. Like a microscopic cell of yeast, it has the power of developing countless multitudes of cells, and a single infected person may become the prolific centre of disease.

It is a matter of common prudence to maintain the body in health by removing and disposing of the dangerous matters given off by the human body in an expeditious and safe way.

All classes and politics are alike anxious to have this question of an efficient sewerage solved.

While on a visit last year to Europe we had occasion to examine professionally the celebrated system of sewerage known as the Liernur pneumatic system, the invention of an eminent sanitary engineer of Holland (Capt. Liernur). It stood the test of a full and careful examination, and fully confirmed the high reports which we had heard of it. We shall state in this paper the leading features of the system, and show how thoroughly it removes all the great evils of the water carriage system, which is the one in use in Montreal. The article will be limited to a general description of the system and its results, omitting many professional and technical details which we have collected.

This system of sewerage has been in actual operation five or six years in several large continental cities. Its success is not open to doubt; it is a fact.

The common or water carriage system may be briefly described as follows: The excremental matters, such as contents of privies, chamber and kitchen slops, scraps, &c, are hurried into common sewers, diluted with an enormous volume of water, and floated to the nearest river, lake or sea.

The pneumatic system of sewerage is governed by the fundamental principle that a system of town drainage should aim not only to remove filth and rain waters, but to keep soil, air and sub-soil water in a pure state. A moment's consideration

shows how important it is to keep the soil of a city pure when we remember that every fall of rain, as it soaks down, makes the soil act as an exhaler, squeezing into the air the poisonous germs which have collected, so that a shower of rain instead of being the natural provision for purifying the air, is converted into a disseminator of disease in its most insidious forms.

The pneumatic system separates the sewage into two distinct parts and conveys each away by appropriate channels. The previously existing sewers are restricted to the conveying away the rain and other harmless waters. For the removal of fæcal matters there is provided a system of small iron pipes, which are just large enough to admit a man's hand ; no larger pipe is used than 5 inches in diameter. One of these pipes runs underground along each street. The closets are all connected with these street pipes by branch pipes. At convenient points, generally where two streets cross, there are small iron tanks sunk underground, called "street reservoirs." The street pipes open into these reservoirs. From each street reservoir a pipe leads to a central station and enters the main reservoir, which is also an iron tank. At the central station there is an engine for creating a vacuum or exhausting the air from the main reservoir.

By opening cocks in the pipes entering the main reservoir, the vacuum is immediately extended to the street reservoirs, and from these it is continued through every line of street pipes, and to every closet, the contents of which are at once drawn, or rather sucked, into the street pipes, thence into the street reservoirs, and finally from these into the main reservoir.

A small quantity of sulphuric acid is now added, to prevent the formation of ammonia during the evaporating process, and the whole mass is subjected to heat until it is reduced to a dry and odourless powder, or *poudrette*.

The heat is derived largely from the exhaust steam of the engine and the flame and smoke of the furnace.

The *poudrette* is sold as guano. During the whole time from first to last the *fæcale* has been in a vacuum, hence no gases can have escaped. Even the air which the exhausting engine

draws from the pipes and reservoirs is passed into the furnace ; Thus all noxious gases and typhoid germs are literally burned up and forever disposed of.

Few can have failed to notice the unpleasant odour prevailing in even our best regulated water-closets. We are accustomed to it, and pass it by as merely a little closeness.

But in truth it arises largely from the presence of the most fatal and insidious gases, which come directly from the sewers.

Professor Tyndall, in a letter to the *London Times*, speaking particularly of typhoid fever, which annually infects 150,000 of the population of the city, says : “ The seat of the disease being “ the intestine, with well appointed water-closets, it is not in the “ sick room that the mischief is done, but often at a distance “ from the sick room, through the agency of the sewer, which “ Dr. Budd graphically describes as a direct continuation of “ the diseased intestine. Hence the mystic power of sewer “ gas.” We “ trap ” the connections between our houses and the sewers and fancy ourselves secure ; but, indeed, they are but traps to deceive us.

Mr. Baldwin Latham, one of the most widely known authorities on sanitary engineering in Britain, speaks as follows about “ traps ” : “ All ‘ traps ’ are now formed either on the “ water-trap or valve-trap principle, or a combination of the two. “ All water-traps are liable to become untrapped, by running full “ bore and acting as a syphon proper, the induced current “ creates a vacuum below the ‘ trap,’ air follows the flowing “ water and drives or sucks out sufficient water from the trap “ to leave the aperture unsealed. Another and not uncommon “ cause of the failure of a trap is the entry of some substance “ which will act as a syphon and drains every drop of water out “ leaving it unsealed. The traps of sinks are very apt to become “ untrapped, in consequence of a thread or two of a dish-cloth “ entering and hanging partly in the water of the trap and partly “ down the drain, when it acts as a syphon and drains the trap. “ Valve traps are even more defective still, for it must not be “ forgotten that as traps are used with the sole intention of

“preventing the back passage of sewer gas from our sewers, as  
“water flows down, air by the same means flows up.”

Neither is it effective to have several successive traps on one line of pipe, for in this case the lower traps will frequently untrap the upper ones. Another very common way by which traps are rendered useless is the accumulation of gas in the sewers consequent on the stoppage of the discharging outlets by high water. This may occur, in the case of a river, on any unusual rise in the water, such as a freshet.

In the case of tidal waters it occurs twice every twenty-four hours.

In this manner the gas has frequently been known to accumulate to such an extent as to cause a great pressure in the sewer. A small pressure is sufficient to make the gas bubble up through the water in the trap.

Mr. Latham considers that the only remedy is to “cut off  
“all direct communication between our houses and the sewers.”

Cost of maintenance is another matter in which the pneumatic system is vastly ahead of that by water carriage.

Our sewers are constantly breaking, bursting, or getting stopped up, and as for our domestic arrangements, it is needless to remind any housekeeper of the annual expense and inconvenience caused by necessary repairs to their house drainage.

The pneumatic system, by its simplicity, compactness and separation of difficulties, obviates all this.

Let us now draw a few comparisons between the system of water carriage, as used in Montreal, and the pneumatic system :

*Firstly.* The filth resulting from the life of over 100,000 people is now floated through large and foul sewers, and the sewer gas is continually escaping into our chambers.

By the pneumatic system all this is entirely averted, as any leakage of gas which does occur must necessarily be into the pipes and not out, there being a vacuum in the pipes, and the formerly foul sewers are converted into channels for conveying harmless waters.

*Secondly.* By the present system the soil of the streets is

poisoned by soakage of water and leakage of gas in all directions, out of the sewer, thus furnishing a never-failing reservoir of fever germs to be forced out of the ground into the air by every shower of rain.

By the pneumatic system this evil entirely disappears. All gases are closely confined until they are utterly destroyed by fire.

*Thirdly.* The entire sewage of the city is now discharged into the river, there to indefinitely float about and be stranded and to pollute the waters.

The pneumatic system would discharge no sewage into the river.

*Fourthly.* The city receives yearly enormous quantities of food drawn from the surrounding country, and consisting of the most valuable constituents of the soil, almost none of which are ever returned to the soil.

It would be impossible within the limits of this article to state this evil in the alarming light in which it is shown by Baron Liebig in his work on Agricultural Chemistry and the exhaustion of countries, and to which we refer the reader.

The pneumatic system returns the whole of these constituents to the soil in a portable and harmless form to perform their proper part in the grand cycle of production, to help the farmer in his laborious struggle with climate and soil, and to render more productive his fields, thereby reducing the cost of living in the cities.

*Fifthly.* Under the old system repairs are incessantly needed in our houses as well as in our streets. All are aware of the high charges, the annoying delays and the stupid blunders of plumbers: the round has to be gone through every year, and must be fresh in the minds of us all.

By the pneumatic system this is entirely removed, there are no valves to get out of order; the arrangements indoors and out are simple and compact, while the great inward pressure caused by the vacuum in the pipes sweeps instantly before it what might in the water carriage system cause a vexatious stoppage.

Dr. Edgeling, the Senior Medical Government Inspector of Holland, says: "The Liernur Pneumatic System of dealing with the subject (of sewerage) is just the reverse of what has been done hitherto by engineers. They all mixed the various kinds of refuse matters with large quantities of water in one general mass, obtaining thus scientifically an enigma which nobody could unravel, and practically a bulky semi-fluid mass which no one knew what to do with.

"The pneumatic system, on the contrary, keeps the various kinds apart, and prevents confusion at the outset, while the most troublesome of all kinds of refuse, the faecal matter, is not scattered in a thousand different directions, but is kept isolated and a close prisoner until it is deprived of all power to hurt, and has become again a useful participant in nature's eternal circuit of matter."

The system is equally suitable to the lowest lying parts of the city as to the highest, and probably its introduction to some of the very low and flat parts of Montreal, as, for instance, the neighborhood of the river and canal banks, would obviate the necessity of those pumping works which would otherwise be required in order to give the sewage of those districts the fall necessary under the water carriage system.

Viewed in this light its application to some districts of the city might result in a saving to the Corporation of the expense of pumping works, in addition to the advantages we have already pointed out.

There is a period in the growth of all large cities, when they are forced for self-preservation, to re-organize their sewerage system; this has generally been done at an enormous expense, and in the case of those cities which have hitherto done so, it has resulted in the construction of works, admirable in their engineering character and vast in extent, but which have thus far in nearly all cases failed in a sanitary point of view.

If the city of Montreal has not already been forced to re-organize her sewerage, the day cannot be far distant when she will be obliged to do so. Is it not evidently to her advantage before that day shall come to give a practical trial to the

enlightened system which we have been describing, and which must ultimately supersede all others, having already stood the severest tests, and received the unqualified approbation of many of the leading engineers, medical men and statesmen of Europe. Her example would probably be quickly followed by other cities in Canada, and every member of the Corporation would have the satisfaction of knowing that he had helped on the work of improving the health of his fellow citizens and rendering their lives more secure.

The Berlin (Prussia) *Tribune* states that Dr. Strousberg, an eminent financier and contractor for public works has just entered into a contract for putting the Liernur sewerage system into the whole of St. Petersburg for nearly £4,000,000.

“The war of systems had been going on for some time in their capital, and their chief engineer, Count Stuckenberg was appointed to examine and report on the water carriage and the Liernur systems. He spent some time in Holland examining the Liernur system, and reported upon it in the highest terms with the above result. The system is worthy the most attentive consideration of our municipal authorities, sanitary engineers and medical officers of health.”

---

## Hospital Reports.

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

*Cases of Locomotor Ataxy.* Under the care of Dr. Ross.  
Reported by MR. R. L. MACDONNELL, B.A.

### CASE I.

L. II., act. 30. A sergeant of police. Admitted Dec. 5th, 1875, under Dr. Ross. Has been married for six years. Wife died three years ago. One child. Never been intemperate. Never addicted to excessive venery. Never had syphilis. No history of nervous disease in his family. Often exposed to cold and wet, while in the discharge of his duty. For



the last few years had occasional shooting pains in lower limbs and hips, never sufficiently severe to keep him from his work. Also suffered from coldness of feet, even during the warmest days in summer. About February last, occasional attacks of dizziness used to come on, one or two in the day, last a few minutes and then pass off. On the 1st April last while in church, he felt what is described as "stiffness and numbness" in the limbs, and was rendered so helpless thereby, that his friends had to carry him home.

The sensation passed off in about an hour, leaving him weak and unfit for work for three or four days. He returned to duty, and remained very well until August 6th, being troubled only by attacks of dizziness. On that day while at stool the rectum prolapsed about six inches, but returned to its place in a few minutes. The next day the same thing occurred. Shortly afterwards while walking in the street he had an involuntary passage of fæces. Next the urine was retained and the catheter had to be used several times. Incontinence appeared subsequently. There was great difficulty in micturition owing to weakness in the walls of the bladder. This has lasted ever since, but in a much more limited degree.

It was about the middle of August, when he became unable to direct the movements of the lower limbs. At same time they began to feel numb, as if frozen. So quickly did this loss of sensation appear, that before long, they could fall out of the bed without his being aware of it. The sight became weak last September, but this state did not last beyond a few days. Strabismus, diplopia or triplopia never appeared. On two occasions suffered intense boring pain, once about three months ago, in the foot, and yesterday in the little finger. On both occasions it lasted but a few hours. For last two years has experienced complete loss of virile power and complains of numbness about genitals. Seminal losses have occurred once or twice within the last year.

*Present condition.*—Intellect unaffected; articulation normal; face symmetrical; no twitching of muscles of face or lips; hearing good; sight perfect; optic disc healthy; no strabismus;

no ptosis; pupils normal, not contracted; respiration normal, complains of a sense of constriction about lower chest and abdomen as if an elastic jacket encircled him, and also says he feels as if tight straps were applied round the thighs. Pulse 100, large, regular. Heart sounds normal. Tongue clean, appetite good, bowels regular. Urine, sp. gr. 1.018. No albumen. Deposits oxalate of lime in large quantity when allowed to stand two or three hours. Weakness of propulsion in bladder. No stricture. No spontaneous pain in any part of the spine. No deviation of the spine. Lower extremities thin, and are said to have undergone wasting during the last year.

Lies in bed quite comfortably and feels no inconvenience from his condition. *Sensibility.* Feels numb up to the waist, more so on the right than left side, especially in the genitals. Tactile sensibility is considerably impaired. Moderate pricking, pinching, etc., are not felt at all. At times cannot tell the difference between a prick of a pin and a stroke with the finger. Tickling feet produces no reflex action. When the points of a compass are applied, even with great force, he feels but one point at all distances, up to the lumbar region, where sensation is normal.

On percussing the spine with the knuckles, there is a sore spot found about the 8th or 9th dorsal vertebra. Sensations of hot and cold to the spine are properly appreciated, and felt with greatest intensity at this sore point. Differences of temperature are properly felt over the whole body.

*Motility.* Muscles are strong and when the limbs are flexed, they cannot, except by preternaturally strong individuals, be extended against his will. When supine and asked to raise a leg at right angles to the body, he does it in a peculiarly irregular manner. The limb wavers from side to side before it becomes erect. The slightest movement of the foot is exaggerated and out of proportion to the extent of force required to perform the given act. Cannot stand erect without aid, or with eyes closed. Keeps feet at some distance apart. Cannot walk more than a pace or two without assistance. Uses a cane or rests on the hand or even the finger of a friend. Pace is short, the legs

lifted high, and the heel struck forcibly on the ground. The hands are stretched out on either side to balance himself. Eyes firmly fixed on the ground. Cannot turn round short, and is obliged to make a wide detour to return to the place from which he started. Falls instantly when eyes are closed. Says that when walking he cannot feel the floor and that his feet are to him as if they were large sponges filled with water.

These appearances vary slightly daily. On the day of admission he could scarcely move about at all, but to-day he can manage to get to the end of the ward without assistance.

*Dec. 17th* Slight injection of conjunctiva.

*Dec. 21st* Conjunctiva clear.

*Dec. 28th* Pain in lumbar region, rather severe.

*January 2nd, 1876,* Discharged.

## CASE II.

D. R., aet. 40, admitted Dec. 11th, 1875, under Dr. Ross. A laborer, unmarried; more than twelve years ago had simple chancres not followed by secondary symptoms. Has enjoyed very good health all his life, and his present illness is the only one of a serious nature he remembers.

Has always been temperate. Has had to do very hard work, to walk very long distances, and to undergo frequent exposure to cold and wet. No history in his family of any neurosis whatever. Has never been addicted to sexual excesses. Ten months ago, while in perfect health found his legs becoming very weak, and in two days was unable to undertake any work at all. The sensation he experienced was that his body was too heavy for the legs. There was a constant inclination to fall forward, an effort at preserving the equilibrium, and a tendency to lift the feet high from the ground and to throw them out to either side. At the same time triplopia and internal strabismus of the right eye set in. Came to the Montreal General Hospital three weeks afterwards. Now, walking was almost impossible and the feet were forcibly stamped on the ground. He could not stir in the dark without falling. Noticed himself that the actual muscular power in the lower limbs was unimpaired. Never at

any period in the disease suffered pain. Under the care of Dr. Roddick he improved considerably and in three months went back to work. He was engaged in excavating, where he found he could get on best when resting his back against some support, and that then he could handle the pick and shovel as well, if not better than any of his companions. At this time the triplopia had disappeared. He could walk a distance of a mile and a half to his work, without feeling fatigue. There was no irregularity of locomotion, as long as he kept to the smooth pavement, but he found great difficulty in crossing streets where the ground was rough and broken.

At the end of October, the legs again became weak, and this condition not tending to improve, he re-entered the Hospital. This time he noticed that the right leg seemed worse than the left, though there was no perceptible difference at the time of the first attack. Never noticed any numbness in any part of the body or the sensation of an elastic band encircling the abdomen. Sexual power has been weak for the last eight years. Never had spermatorrhœa and very rarely nocturnal emissions. Never masturbated. Never had incontinence or retention of urine, or constipation.

*Present condition.*—Stout, well built muscular man. Intellect naturally obtuse, is unaffected; articulation distinct; no stammering; no difficulty in pronouncing certain words or letters. Muscles of the face act perfectly; hearing good; no ptosis; slight internal strabismus of right eye. At present no diplopia, or triplopia; sight good; pupils of equal size; no injection of conjunctiva; optic disc healthy. Respiration natural; respiratory movements regular; pulse 80, regular and full; heart sounds normal. Appetite good, digestion easy; bowels regular; no constipation. Urine healthy. No pain in spine, even on hard percussion. The lower limbs look well nourished and do not suggest the idea of paraplegia. Muscles of the calf well developed.

*Sensibility.*—Tactile sensibility a little obtuse and less acute in left than in right leg. Differences of temperature are immediately perceived, and painful sensations as pricking, pinching,

etc., are immediately and acutely felt. The distance at which two sharp points simultaneously applied, are felt as one, is as follows: foot  $1\frac{1}{2}$  inch, calf of leg  $1\frac{3}{4}$  inch, thigh  $2\frac{1}{4}$  inch, lumbar region  $1\frac{3}{4}$  inch.

*Motility.*—When lying on his back can move his legs perfectly, and they cannot be flexed or extended against his will. If he be asked to rise, the efforts which he makes are peculiarly striking. He is obliged to take hold of some neighbouring object, and his legs seem to shake under him. He cannot remain long in the standing posture without resting on a stick. If he be made to close his eyes he soon loses his balance and is obliged to open them to save himself from falling. Stands with feet wide apart and totters when they are brought together. The pace is short, the leg raised higher than is necessary and the foot brought flatly down on the floor with a slap. Eyes are kept fixed on the lower limbs. Can walk tolerably well with very little assistance, even the support of a friend's finger, or when some one walks in front of him, in which case, the eyes are firmly fixed on the person's feet. Stops abruptly before he can turn round. From the attention he is obliged to pay to all his movements and the consequent mental fatigue, he is averse to walking and soon gets tired. The muscles and nerves of the upper limbs are entirely unaffected.

By way of experiment Potass Iodid. gr. v tid. was prescribed.

*Dec. 31st.*—Complains of slight shooting pains about the legs.

### CASE III.

X. Y., aet 35, a merchant. Admitted to the wards of the Montreal General Hospital, Dec., 1875. Under Dr. Ross.

A small, thin, sharp featured man. Always been of temperate habits. Never exposed to cold or wet. Never had syphilis, but has had one or two attacks of gonorrhœa. No history of nervous diseases of any kind in his family. Was married in 1867, wife died in 1870. No children; five miscarriages.

His present ailment dates from 1867, six months after mar-

riage. He attributes all his troubles to sexual excess. States that for the first year of married life, he was in the habit of performing the venereal act nine or ten times in the twenty-four hours. During the second and third year, he was unable to effect more than three or four connections in the day, and six months after his wife's death he found himself completely devoid of virility. These excesses were indulged in, altogether at the solicitation or rather command of his wife, and were in the majority of instances, carried on against the husband's inclination. Her early death was due to some derangement of the heart, said by her medical adviser to have been brought on by the constant state of excitement in which she existed. The patient, four months after his wedding, began to feel at times, paroxysms of the most severe stabbing pain, confined to a small spot, just below the right nipple. In a few days the pain moved round the chest and took up its position in the lumbar region. It lasted several days at a time, and at the commencement of the disease recurred about every three months, the intervals gradually shortening until it seemed to last all the year round. All sorts of applications were ineffectually used for its relief. Medical men of all sorts and quality, from the itinerant vendor of Radway's Ready Relief to the leading members of the Canadian profession, were in turn consulted. The pain must have at one time resembled that caused by abdominal aneurism, in as much as, he told me, that a doctor in Quebec, had repeatedly applied a sthethoscope all over his body. A good deal of relief was obtained from Morphia given hypodermically and by the mouth, so that he gradually became an habitual opium consumer. Half a grain of the alkaloid two or three times a day was his usual allowance. The free exhibition of a purge either eased the pain at once or served to prevent its recurrence for a day or two. An emetic exercised the same effect, or frequently vomiting came on during a paroxysm and gave prompt relief. Never experienced any other symptom except pain, until 1873.

One night while dancing he felt a sudden weakness and numbness in the calves of both legs, and was obliged to sit down immediately. The feeling passed off very soon, but several

days afterwards, found that his legs became easily fatigued, and that he could no longer walk from his house to his office. In three or four months, the first sign of want of power of co-ordination of movement made its appearance. He found that when walking in the street at the side of a friend, he had an irrepressible tendency to bump up against him, although he could walk perfectly straight when alone. Next, there was a difficulty in passing people moving in an opposite direction, and especially women. So great was his perplexity under these circumstances that he used after a time, to stop, and hold on to some post until the individual had passed him. Was first obliged to use a stick about a year ago, and since then has been unable to dispense with it. Used to feel very nervous and shaky, and could not look any body in the face, without experiencing a sort of clonic twitching of the facial muscles. The feet have felt numb for over a year. At first the unpleasant feeling could be done away with by friction, now the effect is lost. Numbness has extended from the foot up to the knee. Six months ago had double vision, and noticed that it occurred whenever the stomach got out of order. The bowels have been extremely irregular throughout the whole course of the disease, at one time remaining confined even for one week, at another being extremely loose. Involuntary passages of fæces have taken place on four or five occasions, and were always preceded by a sense of numbness about the anus. Twice the urine was retained and had to be drawn off with a catheter. Frequently suffered from incontinence, especially when walking about. Has lost weight considerably in the last five years.

*Present condition.*—Intellect clear. No pain in the head. Manner highly nervous and excitable. Both pupils normal. No ptosis. External strabismus of right eye. This was noticed for the first time yesterday, although for a considerable period previously he could see more clearly with one eye shut. Articulation unimpaired. Appetite good. Bowels confined. All power of erection is completely lost, and, since the last month, has had several seminal emissions, unattended with sensations. There is a sharp stabbing pain in the lumbar region, which increases

in severity when the bowels become loaded. This latter condition may be due to the large quantity of opium he is taking. A purge always gives relief. Motion and sensation in upper extremities unimpaired. The lower limbs are numb from the knee downwards, and the legs feel to him as if they did not belong to the rest of the body. When in bed he does not know their position under the clothes. Muscular power is unimpaired, and the legs cannot be flexed or extended against his will. Cannot get off his chair without laying hold of some neighbouring piece of furniture. Mere standing becomes soon impossible unless he leans on a stick. Falls down the instant the eyes are closed. In walking the feet are lifted too high, thrown out to each side and stamped on the ground. Great difficulty in turning. Falls down when the eyes are not directed on the feet. Says that he sees the floor but cannot tell when the feet touch it. Complains that the feet are too heavy to lift.

*Urine.*—Normal.

I was unable to prolong the examination owing to the patient's sudden determination to go home.

---

*Case of Cirrhosis of the Liver with enlargement.*—Under the care of Dr. RODDICK. Reported by Mr. James Bell.

James H., aged 34, of intemperate habits, consulted Dr. Roddick, about the 27th of April last for jaundice. He stated that seven weeks before he had a severe fall, having tumbled down stairs. Pulse was rapid, 100. Tongue coated, and of a greenish-yellow colour. He had also diarrhoea. Great enlargement of the liver, both in the vertical and horizontal directions, was found, and patient complained of tenderness in this region. The area of dullness over the spleen was also increased. A basic murmur existed over the heart.

He was ordered a mixture of nitro-muriatic acid and taraxacum, and pulv. kino co. for the diarrhoea. Two days later on visiting him, Dr. Roddick found that he had been delirious, and ordered a draught of chloral., pot. bromid. and tr. hyoscy.,



and recommended his removal to a private ward in the hospital. After admission the vomiting and diarrhoea continued, the stools being of a very light colour.

He still complained of pain over the hepatic region, for which a blister was ordered.

Bismuth and sodium bicarbonate and lime water in his milk were given for the vomiting. The delirium had almost disappeared, though at times he was noticed to be incoherent, and was restless at night. This state of things continued without interruption for three or four days, when a reddish blush was discovered over the nose, preceded by a chill, increased temperature, &c. This proved to be an attack of erysipelas which extended over the face and scalp. He was treated with large doses of iron, and stimulants, but gradually sunk under the attack, and died on the 4th of May.

*Post Mortem conducted by Dr. Osler 18 hours after death.*

Body well nourished, and of fair muscular development. Rigor mortis present. Several small spots of purpura existed upon the skin, one very evident on the anterior surface of the left arm.

On making the preliminary incision a thick layer of panniculus adiposus was cut through. Muscles looked healthy.

*Heart.*—Pericardium contained about 3vi of amber-coloured fluid. A thick layer of fat covered the right ventricle, entirely concealing the muscular substance. Right ventricle contained a small amount of blood, no clots. Tricuspid and pulmonary valves normal, and tinged of a light yellow colour. Anterior segment of former slightly thickened. Left ventricle, empty, walls of normal diameter. Margins of mitral valves, and attached portions of chordæ tendinæ, thickened. Aortic semilunar valves firm, and atheromatous at the bases, Corpora Arantii well marked. Margin of one segment fenestrated.

*Pleura and Lungs.*—No fluid in pleural cavities. Along the lower margin of the ribs a layer of fat extended towards the intercostal spaces, in some instances projecting as a small fold.

*Lungs*, slightly puckered at the apices. Crepitant throughout, except part of the lower lobe of left lung which was in a

state of collapse, and a similar condition in a small portion over the heart. Beneath the pleura at the base of the left lung were five or six small extravasations, one about the size of a sixpence. A large amount of frothy serum, mixed with blood, escaped on section of the organs. There was post mortem congestion of posterior part of lungs. Bronchial mucous membrane healthy looking. The frothy expectoration in trachea and bronchi was of a yellowish colour.

*Liver*, projected considerably below the margin of the ribs. Weight, 7 lbs. The whole surface of the organ was studded with small firm projections of the size of a pea, and larger. These nodules were of a dark greenish yellow colour, the intervening tissue being white, and were very evident at the anterior free border, and in the left lobe. On the under surface of the latter the largest nodules existed. On section the organ was excessively firm, of a greenish yellow colour, and the cut surface showed the lobules everywhere surrounded by a growth of connective tissue. The application of the usual tests did not yield the amyloid reaction. On microscopic examination, the characteristic interlobular growth of fibrous tissue was well marked. Many of the liver cells were infiltrated with fat, but not to any great extent—not sufficient to account for the enlargement of the organ. Portal vein appeared much dilated.

*Gall bladder*, elongated and filled with a mass of inspissated bile. Towards the orifice of the ductus hepaticus the bile was collected into three small balls. Pressure upon the gall bladder did not force anything out of the papilla biliaria in the duodenum.

*Spleen*.—Weight, 19 oz. Capsule a little thickened, and in places somewhat puckered. On section the pulp was soft, very friable, and of a dark purplish red colour.

*Kidneys*.—Right 9½ oz. Capsule easily detached, thin and transparent. Surface of organ of a yellowish colour. Venæ stellatæ beautifully marked. On section the proportion between cortical and medullary substances appeared normal; both had a greenish yellow hue. The large collecting tubules of the

pyramids were in many places filled with a dark greenish material which on examination proved to be urates and biliary matters. Left, weight oz. 8. On section it appeared to contain rather more blood than the right. General appearances the same. About the pelves of both organs there was a considerable amount of fat.

*Stomach.*—Contained  $\bar{\text{v}}\text{vi}$  of semi-coagulated blood. Mucous membrane of a dark livid red color, at dependent parts, and in general thickened and tumefied, easily torn with the nail. Numerous small ecchymotic spots existed throughout the mucous membrane.

*Intestines.*—Coils of small bowel very dark externally, and contained a quantity of black matter,—altered blood. Mucous membrane stained. No ecchymoses. Large bowel contained some masses of fæces.

*Bladder.*—Contained  $\bar{\text{x}}\text{v}$  of dark urine. Healthy.

*Brain.*—Calvarium, on removal, very thick and heavy; inner surface deeply grooved by the meningeal arteries. Diploë of a dark red colour. Dura mater of normal appearance. No clots in long sinus. Pacchionian granulations numerous and large. Arachnoid and pia mater normal; veins of the latter moderately full. Brain substance firm and healthy-looking. Puncta vasculosa evident, and the blood which exudes stains the surrounding white matter of a yellowish colour. A few drachms of fluid in the ventricles.

Cerebellum and ganglia at the base appeared healthy.

### Reviews and Notices of Books.

*A Manual of General Pathology, for the use of Students and Practitioners of Medicine.* By ERNEST WAGNER, M.D., Professor of Pathology in Leipzig; translated from the sixth German edition, by Drs. Van Duyn, and E. C. Seguin. pp. 728. William Wood and Company, New York.

It is with great satisfaction that we see this standard German work appear in English form, and fully endorse the editors state-

ment "that no book in the English language gives such a thorough résumé of the elements of medicine, and in none is the matter so arranged as to be available for both the student and the practitioner." We have presented to us, here, in one volume, the modern principles of the science deduced from the most reliable sources. The vast and ever accumulating array of facts bearing upon the different departments of medicine has been carefully studied, the wheat separated from the chaff, and the comprehensive, easily intelligible treatise before us is the result.

The work is divided into four parts, under the headings General Nosology, General Etiology, General Pathological Anatomy, and the Pathology of the Blood.

In the first section the general nature of disease is considered, the methods of its extension studied, and valuable suggestive remarks made upon symptoms, diagnosis, course and termination of disease, apparent death, and lastly upon the causes of death. On every page the general physician will find matter of interest, and much to cogitate upon as he goes his rounds. The remarks with reference to diagnosis are specially good, so much so that we shall briefly indicate the three ways to arrive at a diagnostic judgment. The first method is diagnosis at a distance, the recognition of the disease at a first glance. The second way constitutes diagnosis from the anamnesis; *i. e.*, from the story the patient tells of his illness. The third and surest diagnostic process is the objective investigation. The respective value of each method is commented upon, and general directions given for the examination of patients. Under the heading General Etiology, we have an exhaustive consideration of the causes, predisposing and exciting, internal and external. The influence of climate, conditions of the soil, atmosphere, dwelling, &c., in producing disease, are fully dwelt upon, and the section concludes with a description of the various parasitic affections, animal and vegetable. The latter have of late years received an extraordinary amount of attention from the supposed influence Bacteria and cognate organisms have as causes of disease, and we find here embodied all the recent literature, up to 1875.

The third and most extended section deals with the all important questions of general pathology; such as Inflammation, Thrombosis, Embolism, the Degenerations, and New Formations. It would be impossible in the limited space allotted us even to allude to the valuable chapters, all of uniform excellence, on these subjects. We have here a full exposition of the modern Pathology of Tuberculosis, and Professor Wagner gives his adherence to Buhl's theory, that it is a specific resorption and infectious disease due to the absorption of material from caseous foci, the result of former inflammatory affections. The encapsuling of these masses is the chief, though not absolute, protection against the absorption, which is effected by the lymphatics, and may be either local, *i. e.*, confined to the neighbourhood of the cheesy mass, or general, resulting in disseminated tuberculosis. The disease as artificially induced in animals, is assumed to be identical with that occurring in man, and references are made to the views of the different writers upon this subject.

The pathology of the blood—the last section—receives a very thorough consideration, chapters being devoted to all those affections which are due to derangements, in quantity or quality, of the elements of this fluid, such as Anæmia, Albuminuria, Leucocythæmia, Uræmia, Diabetes, Pyæmia, &c. Perhaps the ablest article in the work is that on Fever, which extends over nearly 100 pages, and contains a mass of valuable information not to be found in any single work with which we are acquainted. A very interesting account is also given of the various recent fever theories.

We should like to see this work in the hands of every intelligent practitioner throughout the country. It contains those fundamental principles of the science, a knowledge of which is essential to any man who wishes to practice medicine in a rational manner.

The translation is excellent, and the general appearance of the book creditable. We object, however, to be compelled to shelve the 40 pages of advertisements which Messrs. Wood & Co., have bound up with the volume. It is a wholly unnecessary addition to the bulk of the work, and the practice is universally reprobated by medical men.

*A brief Report of cases of Sympathetic Ophthalmia and Sympathetic Irritation.* By A. N. ROSEBRUGH, M. D., Surgeon to the Toronto Eye Infirmary.

We have received a copy of the eighth annual Report, of the Toronto Eye and Ear Infirmary, together with three pamphlets written by Dr. Rosebrugh, Senior Surgeon to that Institution.

Two of the papers may be allowed to pass without comment, except that we are surprised to find adhesions between the anterior capsule of the lens, and posterior surface of the iris described as "Anterior Synechia." Not so, however, with regard to the third paper, in which the Doctor states that he had the privilege of endeavouring to point out:

1st. That Sympathetic Ophthalmia is a peculiarly destructive form of inflammation of the eye, arising solely from irritation in the opposite eye, and that as a rule, it runs its course unchecked, and the patient is left hopelessly blind.

2nd. That the most common cause of Sympathetic Ophthalmia, or Sympathetic Irritation, is injury to the opposite eye, particularly wounds in the ciliary body.

3rd. That the only possible means of arresting the progress of the disease is the early removal of the injured eye, and that in all cases when the injured organ is enucleated before Sympathetic Inflammation is actually established, even although it may be very much weakened from Sympathetic Irritation, the uninjured eye never becomes affected with Sympathetic Ophthalmia.

To dispel any lingering doubt in the public mind as to the truth of these propositions, he comes manfully forward with his formidable experience of eleven cases from which he draws five conclusions, the same being a reiteration and amplification of the three cardinal propositions, and to clinch the argument, Mr. George Lawson, of London, is made to stand Godfather to this prodigy of intellectual conception.

Doubtless Mr. Lawson will feel highly complimented by the honour thus conferred upon him, but we scarcely think he would be prepared to endorse all the statements contained in these propositions; indeed it is a pity Dr. Rosebrugh had not made

himself more familiar with the current Ophthalmic literature, before so positively affirming that "the only possible means of arresting the progress of the disease is the early removal of the injured eye," for by so doing, he would have found in the Royal London Ophthalmic Hospital Reports, vol. vii., part iv., page 443 et seq., a case of Sympathetic Ophthalmia recorded by Henry Power, *in which recovery took place without removal of the injured eye*. The remainder of the 3rd proposition, is equally unfortunate, as there are several cases of Sympathetic Ophthalmia on record *in which the inflammation did not become actually established until after removal of the injured eye*. Nor is this a matter of surprise when we take into consideration the natural history of the disease; for it is an established fact that several weeks always elapse between the receipt of the injury and the outbreak of inflammation in the other eye. During this interval the impetus to morbid action is not suddenly transmitted from one eye to the other, but probably travels slowly, first to the nervous centres, and thence outwards to the healthy eye, else why should so long a time elapse between the injury and its consequences?

The 1st and 2nd propositions are merely the expression of incontestible clinical facts which should be familiar as household words to every medical man in the country; but in the 5th conclusion we again meet with a sweeping assertion which the author seems to think settles the question at issue beyond all doubt. He says: (5th) That the removal of the injured eye offers the best chance of arresting the disease; and that as seen in case 5, if this operation be resorted to in its early stages, there is a good prospect of its doing so.

Now, we have not the hardihood to ask the readers of these remarks to attach much weight to the opinions of R. Brudenel Carter, of St. George's Hospital, London, or Prof. Schweigger, Ophthalmic Surgeon to the Charité Hospital, Berlin, if they happen to be at variance with those of the Senior Surgeon to the Toronto Eye and Ear Infirmary. We venture, however, to quote from their respective works. R. B. Carter, in his work on Diseases of the Eye, page 332, says, "when once the second is

affected, the removal of the first (the injured eye) is at least of doubtful utility."

Prof. Schweigger in his "Handbuch der speciellen Augenheilkunde," page 334, says: "If there is any prospect of the injured eye retaining useful vision, it should not be extirpated, for whilst the benefit to be derived from such a procedure is extremely problematical, there would be no sense in sacrificing an eye which retains even a small amount of vision." Other distinguished Ophthalmic Surgeons, such as Mackenzie and Scelberg Wells; appear to entertain similar views in regard to the removal of the injured eye. Dr. Rosebrugh's fifth conclusion has apparently been drawn from the result of treatment in a single case, and is open to the usual objections against *post hoc* arguments. For there is no certainty that the result would have been less favorable had the injured eye been retained. None of the other cases, except the first, are particularly noteworthy, but in the first case we are gravely informed that sympathetic inflammation set in two weeks after an injury and caused total blindness by the end of the third week. Surely the doctor must credit his readers with a vast amount of credulity or he would not have ventured to make such a statement upon hearsay evidence obtained from the patient two years after the accident had occurred. If the assertion can be proved to be strictly in accordance with facts, all those Ophthalmic Surgeons, who believe that four weeks is the shortest time within which Sympathetic Ophthalmia occurs, after an injury to the other eye, must own themselves to be in the wrong.

We fully agree with Dr. Rosebrugh that the operation of enucleation of the eye-ball is not a formidable one, but we must take occasion to warn the uninitiated against relying upon the application of a single fold of wet lint in the after treatment. Those who wish to avoid the occurrence of a very considerable and disfiguring ecchymosis will do well to take the precaution of applying a pretty firm compress bandage, at least for a few hours after the operation.



## Extracts from British and Foreign Journals.

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

### Hypertrophic Cirrhosis with Chronic Jaundice.

[With reference to a rare case of cirrhosis of the liver with enlargement of the organ published in this number of the journal, the following condensed remarks on the subject, translated from a recent paper of M. V. Hanot, of Paris, will be of interest.—Ed.]

Most authors who, after Laennec, studied cirrhosis of the liver, considered that to a greater or less extent, atrophy with contraction of the liver was preceded by another stage in which the organ was hypertrophied; but, according to M. Hanot this hypertrophy was entirely supposititious and theoretical. About 1846, Requin published two cases of cirrhosis in which the liver had remained enlarged to the time of the patient's death, and since that period the occurrence of two forms of cirrhosis began to be admitted: one, common cirrhosis or cirrhosis with atrophy; the other more rare, cirrhosis with hypertrophy. It was the latter form which was studied by Paul Olivier in 1871. Since which time have appeared the works of Hayem & Cornil, and several cases presented to the Anatomical Society in the year 1875. Hypertrophic cirrhosis has now therefore a positive existence, but it may be asked whether it be not simply a variety of atrophic cirrhosis, or whether indeed the term hypertrophic cirrhosis does not, at any rate in many cases, include morbid conditions which it would be improper to ally so very closely with the true classic cirrhosis. M. Hanot has not undertaken to study all these forms, but only one amongst them, which is especially characterized clinically, by enlargement of the liver and jaundice.

The liver is more or less increased in size, and its weight may amount to  $6\frac{1}{2}$  lbs. The capsule is inflamed and presents false membranes and adhesions to the neighboring organs.

The surface is generally somewhat granular or mamillated, but never to the same degree as occurs in atrophic cirrhosis. Upon section we find a matrix of fibrous tissue interspersed with little masses of  $\frac{1}{10}$ th to  $\frac{1}{2}$ th or  $\frac{1}{3}$ th inch in diameter, of a chamois-yellow, or greenish tint; in some cases it presents a deep green, or olive-green color, upon which again may be noticed fine tracks of a greyish hue.

The *histological changes* involve the connective tissue and the biliary ducts and secondarily the hepatic cells. They consist at first in a extralobular sclerosis without any tendency to contraction on the part of the new-formed connective tissue: generally there is also an intralobular sclerosis, but which may be, in different cases, of various degrees of intensity and extent; in one spot it is found to have almost completely isolated the lobule; in another, it surrounds and atrophies only the outermost cells of a lobule; in some places, even, the process of sclerosis has not extended into the interior of the lobule at all, but this is rare.

The lesions of the lobules themselves vary according to the stage of the complaint, but there is constantly to be seen a more or less intense infiltration of biliary pigment into the intercellular spaces and the cells themselves. In the advanced stages, the cells are more or less atrophied and more or less infiltrated with fatty granules.

But the most characteristic lesions are those of the biliary ducts: in this form especially we find proliferation of the epithelial cells of these canals, which are often infiltrated with bile-pigment, and an excessive development of the canals themselves not only without, but probably also within, the lobules.

Besides these lesions, there is generally hypertrophy of the spleen and chronic peritonitis which is usually limited to the region of the liver or of the spleen, but which may be more diffused.

As for the *symptoms*, they also differ from those of the common cirrhosis. The first indications generally consist in the occurrence of pains (usually of a dull character) in the right hypochondrium and at the same time or very shortly after, jaun-

dice ; at the same time also, there are generally, loss of appetite, general malaise, weakness, and some fever. When the affection is fully developed the following symptoms are observed : permanent jaundice, considerable enlargement of the liver, no ascites, or slight and temporary only, and then not appearing till near the termination of the case ; no (or at any rate very slight) dilatation of the subcutaneous abdominal veins. During this time, fever, pain, jaundice, all increase in intensity. The case generally terminates by some of the grave complications consequent upon severe jaundice. The disease runs a slow course and may last several years without interfering severely with nutrition.

With reference to the explanation of the symptoms, the jaundice is certainly caused by the chronic catarrh of the biliary ducts and is therefore of the character of jaundice from re-absorption. As to the enlargement of the liver—that is explained, says Mr. Hanot, by the presence of a considerable quantity of newly-formed connective tissue, and also by the abnormal development of the biliary ducts. The absence of contraction of the new connective tissue depends perhaps upon the relative integrity of the portal system, and also upon the enlargement of the biliary ducts which thus, to some extent, would also tend to prevent any such contraction.

The etiology of hypertrophic cirrhosis is yet rather obscure ; still the cases referred to by Mr. Hanot would seem to point principally to residence in warm climates, biliary concretions, perhaps intestinal catarrh, all circumstances in which the biliary system is injuriously acted upon.

If, as indeed appears most probable, it were fully established that the sclerosis was secondary to the changes in the biliary ducts, it would be right to contrast atrophic cirrhosis which is developed round the radicles of the portal vein with hypertrophic cirrhosis, having its origin round the biliary ducts, or if we choose, to use the terms a *portal cirrhosis* and a *biliary cirrhosis*. —(*Thèse de Paris*, 1876.—*Revue des Sciences Médicales*, 15 Avril, 1876.)

### **On the Treatment of Ovarian Tumours by Electrolysis.**

—Dr. Semeleder, late lecturer in the University of Vienna, has an interesting paper on this subject in the June number of the *New York Medical Journal*, being a revised and enlarged edition of an article published in the *Wiener Medicinische Presse* under the title of "No more Ovariectomy." After stating that it is not his wish to claim priority in this method of treatment, as Drs. Fieber and Fromhold, of Germany, and Dr. Cutler of Cambridge, Mass., have each published cases of ovarian and uterine tumours treated in this way, he proceeds to detail six cases.

CASE I.—A young lady, aged 18, had noticed for several years a swelling of the abdomen, which had begun in the left side, and increased gradually. When the treatment was commenced she had all the symptoms occasioned by a large abdominal tumour, which extended a little more to the left side than the right, and reached three centimetres above the navel. Percussion dull, tumour apparently had thin walls, but was very tense, fluctuation not observable. Greatest circumference two inches below the navel was 96 centimetres. The treatment was continued daily, even during menstruation, and over two months were required to make the cure complete.

CASE II.—A young lady 24 years old, married and had two children. For two years past had observed a tumour in the left side of her abdomen, which had grown slowly, and had reached the size of a child's head, and was quite soft. The treatment began on the 27th May and on the 5th of July she was perfectly well. The cyst had been reduced to the size of an orange, and was quite solid.

CASE III.—A woman of forty, with cystic tumour of left ovary, extending on the right side to the navel, and a hand's breadth over the median line; the left side was nearly all filled up by the tumour which extended upward to the ribs. Patient had never been pregnant, and menstruation had been regular.

After a daily treatment of six weeks, the tumour was so much reduced that it seemed unnecessary to continue it.

CASE IV.—A lady, twenty-eight years old, married, had five

children. Since the last confinement had noticed that the abdomen remained very large, and finally detected a tumour. The left side, principally, of the abdomen, was occupied by a very soft fluctuating tumour, with apparently very thin walls, extending three inches beyond the median line, to the right, and one inch above the navel, while on the left side it extended still a little higher. On pressure three hard masses could be detected in the tumour, two small ones in the lower part, and one of the size of a small orange, close above the left side of the navel. Treatment was continued from the end of November to the 15th of February, being suspended for 5 days per month, during menstruation. When Dr. S. left Mexico (where all the cases had been treated) on the 15th of February, the liquid had been absorbed so far that the upper limit of the tumour was at the level of the umbilicus; the hard lumps had undergone no change.

CASE V.—This was considered a case of uterine fibroma with cysts, and the treatment begun in October, had caused by January disappearance of the liquid contents and reduction in the size of the tumour. “The treatment was continued all the same, and when I left, both my patient and myself were under the impression that the tumour continued decreasing, though slowly.”

CASE VI.—A lady 45 years old, had had a child 24 years before. Catamenia had been pretty regular, but lately had taken the character of metrorrhagia. A tumour existed on the left side of the abdomen, quite low down in the pelvis, of the size of a cocoa-nut, painless, dense, and giving to the hand a feeling of obscure fluctuation. It gave the impression of a cyst with thick walls and thickish contents. Electricity was applied as in the other cases, but no effect was noticed.

Whenever two needles connected with the poles of a battery are introduced into a solution of salts, into any liquid that contains albumen, or tumour filled with liquid, a decomposition takes place. At the positive pole oxygen is eliminated, acids are formed, albumen and fibrin collect, coagulation occurs; while hydrogen, alkaline bases, colouring matters, &c., go to the negative pole. All substances which contain water are good *electrolytes*, i.e.,

are liable to be decomposed by electricity. The same process may be effected by introducing but one pole into the liquid, and closing the circuit, by placing the other pole on the surface of the body. Nay, even when neither of the poles is introduced but both are applied to the surface of the body, electrolytic effects may be obtained. This is termed the "percutan method."

Under electrolysis in the ovarian cyst, something must take place like that which occurs in an albuminous fluid by the introduction of both poles. The liquid is resolved, and the wall of the cyst undergoes such a change that further secretion is brought to a stand still.

Electrolysis is always a slow process, and when performed in the manner first described, by introducing both poles, and the application of a strong current, is a very painful method, necessitating chloroform narcosis. It is in this way Dr. Cutler treats uterine fibromas. Dr. S. always uses mild currents, and his patients have never experienced any inconvenience, nor have they been chloroformed or confined to bed. Galvano-caustic effects were always avoided, if possible. Carbon and zinc batteries, and copper and zinc batteries were used, and in all instances, the constant current was employed.

In cases I, II, III, IV and V., both needles were introduced sometimes, but generally only one. The applications were made daily, and lasted from 5" to 10". It is still questionable, and to be determined by further experience, which battery, and the introduction of which pole, in a particular case, will give the best results, as well as which class of tumours is most favorable for electrolytic treatment. Dr. S. states that the fear of the frequent punctures producing adhesions, and so complicating the case if ovariectomy should be required, is, in his experience, groundless. He advises in cases of uterine fibroma to apply mild, constant currents, for a couple of hours or more every day, by the introduction of one pole into the womb or cervix, and the other into the tumour: and even percutan electrolysis might be tried before any painful application is resorted to.

**A new method of Local Anæsthesia.—**

When Richardson's apparatus with sulphuric ether is used for the production of local anæsthesia, after a few moments there is observed redness and a sensation of cold, but never a sensation of burning or smarting.

If now there be made with a convex-shaped bistoury on the portion of integument submitted to the spray and become red, at the level of the hyperæmic region, a very light incision  $\frac{1}{3}$  to  $\frac{1}{4}$  of an inch long and involving only the epidermis and the superficial network of vessels of the skin—as soon as this incision is made there appears suddenly, starting from the point where the bistoury entered, an anæmic zone of the integument which continues to increase in size: if the ether spray be continued some seconds longer this region becomes exsanguine and its complete, absolute, anæsthesia is obtained. The bloodless tissues thus rendered void of feeling look, on section, like butter; they have lost their elasticity and instead seem sodden like soaked mill-board or solid fat. Around the whitened circle is seen another zone whose anæmia is not so marked—a kind of intermediate condition and ready to become very quickly reduced to the same ischæmic state as the central region.—In fact it is enough to direct the irrigation of the ether upon the zone in a circle to observe the absolute anæmia and anæsthesia which immediately follow it—we can thus enlarge and extend the anæmic area in any direction—it may be made to pass round the arm, to pass up as high as the shoulder or as low as the forearm. If the irrigation be suspended, these effects pass rapidly off; but the tissues remain under its influence for a certain length of time, so that, if some seconds after the anæmic effect has disappeared, we throw another jet of ether-spray upon either the part primarily anæsthetized or that going round it, a new anæmic space is produced without the necessity of making another new incision.

M. Cardinal has performed in the laboratory of M. Vulpian the same experiments as M. Letamendi and with similar results. Care must be taken to use very pure sulphuric ether, and also to shave the parts to be rendered insensible, because this anæ-

thetic ischæmia does not develop itself in parts which are covered with hair.—(Archives de physiologie, Avril, 1875.)—*Bulletin Général de Thérapeutique*, 30 Mars, 1876.

### Statistics of 923 cases of Trephining.—

Dr. Bluhm, in a series of articles published in Langenbeck's Archives, analyses 923 cases of trephining which he has collected. The following is a synopsis of the results:—Of the 923 cases in which trephining was performed for injuries to the skull, 450 recovered and 473 died (51.75 p. c.); 297 of these 923 cases were gunshot injuries, of which 143 recovered and 154 died (51.55 p. c.); so that there remain 626 cases of simple injury to the skull, of which 307 recovered and 319 died (51.96 p. c.)

*General Results.*—Of 114 primary operations, 51 recovered and 63 died (55.26 p. c.)

Of 158 secondary operations, 94 recovered and 64 died (39.24 p. c.)

Of 59 cases where the operation was performed late, 3 ended favourably and 20 unfavourably (33.90 p. c.)

Of 592 cases in which the time of trephining was not specified 266 recovered and 326 died (55.07 p. c.)

I. *Contusion of Skull*—75 cases trephined; 36 recovered and 39 died (52.00 p. c.)

II. *Fissure of the skull*—11 cases trephined; 7 recovered and 4 died (36.36 p.c.)

III. *Separation of the Sutures*—8 cases; all recovered.

IV. *Simple fracture of the skull*—709 cases; 357 recovered and 352 died (49.65 p. c.)

V. *Wounds of the bones of the skull*—44 cases trephined; 27 recovered and 17 died (38.82 p. c.)

A. *Caries of the skull*—6 cases trephined; all ended favourably.

B. *Pott's Puffy Tumour* occurred only in 3 cases of the 923 which were trephined, proving fatal in two.

C. *Compression of the Brain from depressed bone, foreign bodies and Hyperostosis*—311 cases were trephined, with 163 recoveries and 148 deaths (47.59 p. c.)



D. *Compression of the Brain from Traumatic blood extravasation*—59 cases trephined; 44 recovered and 15 died (25.44 p. c.)

E. *Bruising of the Brain*—23 cases trephined, with only 6 recoveries; a mortality of 73.91 p. c.

F. In two cases of wound of the brain from a sharp instrument one recovered and one died.

G. *Traumatic Meningitis and Encephalitis*, as well as irritation from splinters of bone and foreign bodies—101 cases were trephined, with 51 deaths (50.50 p. c.)

H. A case of *Concussion of the Brain* which occurred in a case of fracture of the skull with depression after gunshot wound, and in which trephining was performed, recovered.

I. Eight cases of true brain contusion which were trephined all proved fatal.

K. In 44 cases of *abscess of the brain* in which trephining was performed, the result was much better, as *half* recovered.

L. In three cases trephined for contusion of the skull, *epilepsy* came on later, but all three cases terminated favourably.

TREPHINING.	Mortality in General Injuries.	Mortality in Gunshot Injuries to Skull.
Primary .....	55.26 p.c.	64.29 p.c.
Secondary .....	39.24 p.c.	42.86 p.c.
Late .....	33.90 p.c.	11.11 p.c.

Thus we see that *Primary Trephining* was less favorable than *Secondary*, and *Secondary* than *Late*; also *Primary* and *Secondary Trephining* are more unfavourable in gunshot wounds than general injuries, but *Late Trephining* is more favourable in gunshot injuries than in general.—By DR. BLUHM, (*Archiv. f. Chirurg. v. Langenbeck, Band 19, Hft. 3, p. 453.*)

**Onychia Maligna Cured by Nitrate of Lead.**—Donati describes three cases of the above disease which were cured by nitrate of lead. This mode of treatment first became known in Italy by a monograph of Vanzetti's. The first to employ the remedy was De Moerloose. Lemaitre also advised it.

Case I.—E. Z., aged 6 years, formerly suffered from a pus-

tular eruption and enlarged glands ; at present the submaxillary glands are swollen and she has a scrofulous appearance. For two years she has had ulceration about the nail of the middle finger of the left hand. The affected phalanx was thickened, dark red and club-shaped. The matrix of the nail was ulcerated. The ulcer was of a dirty grey color and discharged a bloody foetid pus ; it had sharply-cut edges of a *bacony* appearance. The nail was short, soft, of a dirty grey color, raised and quite loose. The whole finger was very painful. The nail was cut short and pulled out by the roots, and the ulcer covered with powdered *nitrate of lead* ; this caused great pain for about four hours, when the pain suddenly ceased and the great tenderness of the finger disappeared. The swelling of the finger gradually lessened, and the ulcer soon healed. Two months later a new nail began to appear, and the finger was painless and nearly normal in size. One year after the finger was compared with the corresponding finger of the other hand and was found still somewhat thicker and redder than normal, but painless. A new nail had formed which was regular and convex, and only slightly raised from the end of the finger.

Case II.—H. St. —, aged two years, no trace of scrofula. According to the mother, the end of the middle finger of the right hand was swollen in March, 1874, and in April an ulcer formed. The matrix of the nail presented a suppurating foetid surface. The ulcer, which bled easily, had sharply cut edges ; the nail was thin, short, very loose, and of a brown color ; the end of the finger was club-shaped, thickened, of a reddish brown color and very painful. The nail was cut away to the root and the ulcer covered with powdered nitrate of lead. There was great pain for an hour, and from that time the pain ceased and the finger improved. In seven days the scab fell off, and after thirteen days the ulcer was much smaller, the swelling of the finger had gone down considerably and the nail was beginning to grow. The nail was cut afresh and nitrate of lead reapplied. This time the application caused much less pain. In three months there was no trace of the ulcer, and in its place was a grey crust ; the swelling had entirely disappeared and the finger was painless.

Case III.—A—— G——, aged  $3\frac{1}{2}$  years, of a healthy, strong appearance, had run a splinter under the nail of the little finger of the right hand eighteen months ago. A year ago the splinter had been extracted, and from that time the finger became troublesome. The pain, which at first was great, had gradually lessened, but had again increased. On examination the phalanx was found to be club-shaped and about three times its natural size; the matrix and neighbouring parts were changed into a very foetid ulcer of a dirty grey colour, the edges of which were sharply cut. The nail was short and blackish, and the ulcer bled easily. The second phalanx was red, swollen, and painful on the slightest movement. The nail was removed and powdered lead applied. After two hours of severe pain the finger was much easier, and the patient passed a quiet night. After 26 hours the swelling had diminished a good deal. The powdered nitrate of lead was applied again, and on the 4th of June the finger had returned to its normal size, but was still a little red, though painless; the matrix was covered with a dry crust and the nail had grown again, but was raised and loose. The nail was again removed without bleeding, the wound cleaned and a thin layer of nitrate of lead applied, all this without the slightest pain. On the 5th July the finger was completely cured, and a new nail was half grown and healthy.

These three cases bring the number of reported cases cured by nitrate of lead up to 35.—*Donati in Annal. Univ. Vol. 233. P. 121, quoted in Schmidt's Jahrbucher.*

---

**On the Treatment of Puerperal Convulsions.**—Fehling, in a paper read before the Obstetrical Society of Leipzig (*Arch. für Gynæcologie Bd. ix. Hft. ii.*) favours what is termed the "aggressive method" in the treatment of this serious complication. Apart from the various hypotheses, the main point in convulsions is an increase in the arterial blood-pressure, which causes the general symptoms, especially the seizure, sopor, &c. Against this our therapeutic efforts must (in the first place) be directed. The administration

of chloroform is advisable, as it reduces the pressure. Opium and morphia increase the hyperæmia of the brain, and so are contra-indicated. Venesection reduces powerfully the pressure, still its action is transitory. As the most rational method, he recommends early delivery, even in the first stage, and in threatening cases with sacrifice, if need be, of the child. The fear of exciting fresh attacks by the passage of the hand or instruments is ungrounded. Of 11 cases, 10 were delivered as early as possible in the first stage of labor, some after free incision into the cervix; the mothers all recovered, of the children three died (two were perforated). One case treated expectantly died. The mortality by this method was only 9 per cent., against 35 per cent. recorded by Winckel in the "Pathology of Childbed."

---

**Employment of Warmth for Menorrhagia.**—A woman was admitted into the Hotel Dieu suffering from severe menorrhagia. An examination of the uterus gave no explanation of its cause. After sulphate of quinine and counter-irritants, as well as cauterization of the cervical canal, had been employed without effect, an india rubber bag filled with warm water as hot as the part could bear, was applied over the lumbar region and filled and reapplied every three hours. The next day the hemorrhage had diminished considerably, and the day after it ceased altogether. During the time the warmth was applied, the pain in the back, which had been severe, was much lessened. In four weeks the menorrhagia again appeared and warmth was again applied, with the same favourable result, the menorrhagia ceasing in 36 hours.

The same method was applied with a like good effect in a young woman aged 21, who for the previous ten days had had severe flooding, during which numerous large coagula came away, probably the result of a previous abortion, judging from the increased volume of the uterus and the patency of the os uteri. The flooding ceased completely in two days after the application of the warmth.—*By Guéneau de Mussy (Gaz. des Hôp. 126. 1575), quoted in Schmidt's Jahrbucher.*

CANADA

# Medical and Surgical Journal.

---

MONTREAL, JULY, 1876.

---

## THE DUTY OF PUBLISHING OBSERVATIONS.

We commenced this publication with a view of affording to the profession in this country a medium of communicating their ideas, and recording their observations in all matters of medical and surgical interest; and we must say that our efforts have been seconded by many workers. But while there have been given to us for publication many important communications, many of singular interest, and of practical value, we cannot but feel that in this respect we fall far short of similar periodicals in other countries. This does not proceed from a lack of interest on the part of the profession, nor is it from a want of educational advantages, but simply from an apparent diffidence, or fear of that keen criticism which to most men is objectionable.

That our fellow practitioners have nothing to say on the subjects of medicine and surgery we cannot believe, as we know that there are many original thinkers amongst us, many searchers after truth, many who are not held by doctrine or bound down by routine; many who carve out a way for themselves, and many who are fully alive to the importance of acquiring a knowledge of nature's laws. It is hardly necessary to urge on our readers the value of observations, carefully and regularly made. Every conscientious man, in active practice, becomes impressed with the serious nature of his calling, and of the great responsibility attached to it, and will by carefully recording facts, trace the course of events in each case. It is true some men trust to their memories alone, and keep no written memoranda. But while observation becomes a necessity, a record of these obser-

vations is a duty we owe to ourselves, if not to those under our charge. In reporting cases it is advisable that the observer's own conclusions drawn from the facts of the case should be stated. In most reports with which we have been favoured, a bare statement of facts has been made, and no inference drawn, and the reader is left to work out a theory of his own. This is much to be regretted, as the thoughts and opinions, the suppositions and beliefs of every man, be they even erroneous, are of value. Our columns will always be open to the thoughts and opinions of our professional friends, and communications of a practical nature will be specially welcomed. Hitherto our selections have been drawn solely from British and American sources. For the future we shall be able, in addition, to give our readers careful translations from the best continental journals. We sincerely thank our old subscribers and contributors for friendly help so cheerfully given to this journal in the time past, and we trust our efforts to improve the CANADA MEDICAL AND SURGICAL JOURNAL will be seconded by the profession throughout the country.

---

#### MCGILL UNIVERSITY GRADUATES' ASSOCIATION.

The relations between a University and her Graduates, and the mutual claims of the one upon the other, are too often either forgotten or ignored. While it is the duty of the former to maintain a standard of education as high as possible under the circumstances, it is incumbent upon the latter to render every assistance in their power, individually and collectively, to enable the University to accomplish her work. More especially is this the case with the Alumni of McGill University, an Institution insufficiently endowed, without Government support, and relying mainly on the personal efforts of her friends to meet the increasing educational wants of this country. Most men, however, having finished their academical course, take but a passing interest in the affairs of the Alma Mater. Other matters absorb their time and attention, and though they may be glad to hear of her success, they do not consider themselves bound to active exertion on her behalf.

It is to remedy such a state of affairs, and to impress Graduates with a proper sense of their responsibility that an Alumni Association in connection with McGill University has been reorganized. The objects aimed at by the Association, and set forth in the constitution are "to bind the Graduates more closely to each other, and to their Alma Mater, and to afford them the means by united effort of more effectually promoting the interests of the University." In order to be successful, the active coöperation of the Graduates throughout the country must be obtained, and we here call upon the medical alumni to respond to the invitation shortly to be issued, and join the Association.

During the 45 years which the Medical Faculty of McGill University has been in existence, nearly 800 men have received their professional education, and gone forth to practice with her credentials. No doubt a large proportion of the success of the School is to be attributed to the fact that these Graduates carried away with them the belief that the gentlemen composing the Faculty were thoroughly in earnest, and anxious to advance the standard of Medical education. On this account they sent their students, and recommended the Institution to their friends. Something more is needed and may reasonably be expected. Every Graduate should feel that a way is open to him for the expression of opinion on matters of importance to the University, and this can only be effected by an Association such as is in process of organization. Through it reforms may be brought about which might otherwise be impossible. We consider it quite within the province of such an association to discuss freely the condition of any department or chair in the University which may not seem to be in a satisfactory state. A recommendation coming from a large body of Graduates could not fail to receive proper attention from the authorities, and, indeed, might sometimes, in a matter of internal reform, relieve them from the duty—often painful—of taking the initiative. In the appointment to vacancies which from time to time arise, the Graduates may make their influence felt, as was illustrated so beneficially last year in the case of our sister University in the West. Nothing, we are convinced, would tend more to the advancement of the

interests of McGill University than the combination of her Graduates into an energetic Association, which would not only afford them an opportunity of social intercourse, but also a common platform upon which matters relating to the welfare of the University might be discussed. We give the constitution of the Society below :

#### GRADUATES' SOCIETY.

The following draft of a proposed Constitution of a Graduates' Society has been handed to us for publication :

1. This Society shall be known as the Graduates' Society of McGill University.
2. It shall be composed of all Graduates who shall pay an annual subscription of one dollar.
3. The object of the Society shall be to blend the Graduates more closely to each other, and to their Alma Mater ; and to afford them the means by united effort of more effectually promoting the interests of the University.
4. The officers of this Society shall be a President, three Vice-Presidents, a Secretary, a Treasurer and six councillors, who shall be elected by ballot at each annual meeting, and shall form the executive of the Society.
5. The annual meeting shall be held on the evening preceding the Arts convocation.
6. The General meetings of the Society may be called by the Secretary on the requisition of the President, or any three members of the Executive Committee, or any ten members of the Society.
7. Fifteen shall form a quorum of the Society and five a quorum of the Executive Committee.
8. The constitution cannot be amended except by a two-thirds vote at an annual meeting. The usual by-laws and rules of order were also submitted and received.

The committee having taken into consideration the working of the Society and the most effectual means by which its objects might be attained, recommended :

1st. That under the auspices of the Society, an entertainment commemorative of its founder be held each year at a date as near as may be found convenient to the anniversary of his birth ; to which the friends of the University shall be invited.

2nd. That with a view to giving members the opportunity of discussing University topics in a social manner, a dinner be held annually on or about the date of the Arts convocation.

3rd. That the selection of representative fellows from the several Faculties be considered at the annual meeting.

4th. That public exercises of a character, which at the discretion of the Executive, may be varied from time to time, form a portion of the proceedings at each annual gathering



### Personal.

Frank Buller, M.D., M.R.C.S., Eng., late Resident Surgeon to the Royal London Ophthalmic Hospital, has been appointed Oculist and Aurist to the Montreal General Hospital.

Alexander Proudfoot, M.D., has been appointed Oculist and Aurist to the Montreal Dispensary.

R. L. Macdonnell, B.A., M.D., and W. A. Molson, B.A., M.D., have been appointed Assistant Demonstrators of Anatomy in the University of McGill College.

Wolfred Nelson, M.D., and J. B. MacConnell, M.D., have been appointed Physicians to the Montreal Dispensary.

The following McGill graduates are pursuing their medical studies in London:—W. A. Molson, B.A., ('74), H. L. Gilbert ('75), W. F. Scott, ('75), J. L. Ritchie, ('74), R. L. Macdonnell, B.A., A. F. Ritchie, B.A., C. F. Murray, B.A., H. L. Reday, B.A., A. Munro and A. Storrs, of '76.

J. W. Whiteford, M.D. ('73), has moved from Belleville to Ottawa, where he has commenced practice.

W. T. Ward, M.D. ('73), returned to Canada for a short visit last month. He has been for some time past Surgeon on the Brazilian Mail Line of steamers.

H. W. Coyle, M.D. ('76), has begun practice at Sorel.

Reuben Levi, M.D. ('76), is practising at Inverness, P.Q.

Jas. M. Nelles, M.D. ('75), and F. G. Clarke, M.D. ('76), are practising together in Chicago.

C. M. Lang, M.D. ('76), is practising at Owen Sound.

Dr. Bovell, of Toronto, has returned to the West Indies.

Andrew Speer, M.D. ('74), is practising at Danville, P.Q.

Dr. Davignon ('71), who is practising at North Adams, Mass., was in town last week.

We are sorry to chronicle the death of Dr. Grenier, the late Editor of the *Union Medicale du Canada*. We need hardly say that the editorial remarks in our last number were printed before we were acquainted with the serious illness of this gentleman.