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THE

# CANADA LANCET,

MONTHLY JOURNAL OF

## MEDICAL AND SURGICAL SCIENCE.

VOL. IV. JUNE, 1872. No. 10.

## Original Communications.

### CASES OF OVARIOTOMY.

BY EDWARD M. HODDER, M.D., C.M., F.R.C.S. ENGLAND; FELLOW OF THE OBSTETRICAL SOCIETY OF LONDON; PROFESSOR OF OBSTETRICS, TRINITY COLLEGE, TORONTO; HON. MEMBER, NEW BRUNSWICK MEDICAL SOCIETY; CONSULTING PHYSICIAN AND SURGEON, TORONTO GENERAL HOSPITAL, BURNSIDE LYING-IN HOSPITAL, &c., &c., &c.

(Continued from p. 110, No. 3, Vol. 4.)

Case 8. Mrs. W. æt 32; fair complexion and healthy appearance, was married about three and a half years ago. She has two children; the eldest twenty-seven months old, the youngest thirteen months, both living and healthy.

In December, 1866, she first had an attack of pain in the left ovarian region, which was supposed to be of an inflammatory character, and treated accordingly. This pain lasted for three days in a severe form, gradually subsiding altogether in about a week. She has had several attacks since, but none so severe.

About twelve months ago, a Tumour about the size of a goose egg, was discovered low down in the left hypogastric region, painful only under heavy pressure, or when the attacks of pain

came on. On these occasions the tumour increased much in size, and again subsided as the pain went away. The usual application was a mustard plaster and some ordinary sedative. Within the last year she has had three or four of these attacks, and five months ago she was obliged to wean the baby in consequence of the severity of her sufferings. With the exception of these attacks of pain she enjoys good health, although she has gradually lost flesh and strength. Her appetite continues good, she sleeps well, and the catamenia continue regular. The abdomen is not very much enlarged, being about the size it is at full term, measuring thirty-five inches round the umbilicus and thirty-four above the pubes, and one and a half more on left side from ant. sup. spinous process of ilium to umbilicus, than on the right. Two or three cysts appear to be enlarging rapidly, fluctuation being perceptible in them. Since Christmas it has grown rapidly, for at that period it did not reach the umbilicus, whereas, it is now nearly as high as the ensiform cartilage. There is no doubt as to its being a multilocular ovarian tumour, three distinct cysts existing, besides numerous small and hard ones. It can easily be moved from side to side, showing but few, if any attachments. The uterus is normal, being very slightly larger than in the virgin state, and no pain is experienced in making the necessary examinations.

Thursday, April 30th, 1868.

A consultation having been called and an unanimous opinion given in favour of an operation by Drs. Beaumont and Bovell; in the presence of Drs. McKinnon and Baker, Army Medical Staff, and Drs. Agnew and Phillips, the operation was performed. Chloroform was given by Dr. Bovell, and she came easily under the influence of it. An incision about six inches long was made a little to the left of the linea alba, between the pubes and umbilicus, the peritoneum opened, and the whitish glistening tumour brought into view. It was, as suspected, multilocular, two very large cysts forming the bulk of the mass, while innumerable small cysts from the size of a pea to that of a walnut, gave the feeling above described. The largest cysts were tapped and several quarts of very viscid tenacious greenish fluid, as thick as honey flowed away. This fluid was glistening with cholesterine. After the reduction in bulk by the emptying of the two large

cysts, I was enabled to withdraw the rest of the tumour external to the abdomen. The attachments were few but strong, none of recent date, and principally to the omentum. The peduncle was long, the veins large and turgid, and not having one of Spencer Well's Clamps, I determined to secure it by the double whip-cord ligature, the ends being brought out at the lower angle of the wound and transfixed by a long needle which was passed through the whole of the abdominal walls. Two other long needles were also used, and several points of interrupted suture; long strips of adhesive plaster, and a flannel bandage completed the dressings.

Nothing of moment occurred during the operation; she rallied well, but complained more of pain in the back, and situation of the peduncle than is usual after these operations. Before the operation the pulse was rapid, an hour afterwards it had fallen to 80, but rose again in the evening to 112—and vomiting also took place. One grain of opium was given and ordered to be repeated until sleep was induced or the pain relieved.

May 1st, 1868, 7.30 a.m.—She passed a restless night from the pain in the back and lower parts of the wound, both of which have now passed away and she feels comfortable; pulse 104, soft; skin moist; tongue whitish; and urine secreted in good and normal quantities. 10 p.m. The opium caused vomiting and was consequently omitted, the stomach is now comfortable, she has no pain, is cheerful, and inclined to talk—I injected a quarter of a grain of morphine subcutaneously.

May 2nd, 8 a.m. She passed a good night, sleeping about seven hours, but now complained of griping pains flying from place to place, with general tenderness of the abdomen and slight tympanitis. Her countenance is good; skin moist; pulse 100 soft; respirations not increased, urine secreted in healthy quantities and she feels no pain when the griping passes away. To have one grain of opium immediately and repeated in an hour, and Turpentine Mix, in mucilage occasionally.

May 2nd, noon.—The opium caused vomiting again, but was used because the syringe was not at hand. She is quite free from pain; pulse 94, skin moist; and she is cheerful.

10 p.m. Quite easy and feels inclined to sleep. There has been a quantity of dark coffee-ground looking discharge from the uterus all day.

May 3rd, a. m. Has passed a very good night; no pain; pulse 92, tongue clean, feels hungry and wants more solid food; wound healed, discharge still continues from the uterus. To have a little chicken for dinner 10 p m. Slight headache, otherwise well.

May 4, 9 a.m. Doing well in every respect. 5 p.m. On visiting her this afternoon, I saw a very marked change; her countenance was sunken and haggard; pulse quick and small; respirations hurried; and she complained of pain low down on the right side. On examining the abdomen a tumour the size of an orange could be distinctly felt in the situation of the right ovary, and very tender to the touch, but the wound looked well, and there was no tenderness in the situation of the pedunclo. It was difficult to account for this sudden change, for after the removal of the tumour, I invariably examine the opposite ovary, and in this instance Dr. Beaumont examined it also. It was found to be quite healthy in size and appearance. On investigation, I found that about two or three hours before my visit something had annoyed her and she got into a violent passion, in fact it was described to me by two ladies who were present, as a perfect fit of phrensy, being much too violent for ordinary ill temper. During the paroxysm she rose from her bed, commenced to dress, declared she would not remain an hour longer in the house, foamed at the mouth, her face became livid, and after about half an hour of this furious excitement, she fell back in the bed exhausted. Fearing the worst consequences, I put her at once on large doses of Bromide of Potassium and applied turpentine to the right side of the abdomen, and at night I found her calm and quiet, and with the exception of the tumour, nearly as well as she was in the morning.

May 5th. Passed a quiet night and feels well; but weaker than she did, wound healed, and as she was calm and quiet, I removed the long needles, the ligatures remaining at the lower part of the wound. To have wine and more nourishment.

May 7th. She is cheerful and happy; the pain and tenderness of the right ovary passing away, the points of suture were removed to day, and all doing well.

May 9th. Another fit of phrensy! on visiting her at noon I found her dressed and ready to leave the house, with bonnet,

cloak, etc., on, and a carriage had been sent for. Remonstrance was of no avail, she would not listen to reason, and shortly afterwards she drove a mile, to a new place of residence. In the evening I found her none the worse, but fatigued, and cautioned her against these vagaries.

May 10th. She feels well and more contented with her new home. Bowels moved two or three times without medicine; not a bad symptom.

May 18th. Out again to a new abode, a mile in another direction. Since last report everything has gone on well and she has gained much strength. The pain has entirely left the right ovary, and it is decreasing in size, ligatures still firm and wound entirely healed except at the lower angle.

May 25th. Since her last move she has had a drive or a walk daily, her general health is very good and she returns home today in good health and spirits.

August 4th. As the ligatures had not come away, and taking a great interest in my little patient, I visited her at her own house. She was quite well in health, active and cheerful, but as the ligatures had not separated she feared that something was wrong. On examination I found one quite free and it came away without any force, but the other was still firm and gave great pain when pulled. It, however, came away two days afterwards, or ninty-six days after the operation. The right ovary had increased in size since she had left Toronto, being about the size of the fist, not painful, very moveable, and giving her no inconvenience. She menstruates regularly both as to time and quantity, and she considers herself as well as ever.

Remarks.—She still continues to take the Bromide. Some months afterwards I met her husband who told me that the right ovarian tumour had entirely disappeared and she was quite well.

In September, 1869, I received a letter from Mrs. W. in which she says, "when I was in Toronto I suspected only, but now I am convinced, that I am in the family way," and in the February following (1870) Mr. W. writes, "at my wife's request I have to inform you, that on the 5th inst., she was safely delivered of a healthy boy." She made a good recovery and nursed her child for thirteen months.

The tardy separation of the ligatures, left as it were, an

opening through the abdominal parietes, covered only by the integument, and the distention of the abdominal walls by the gravid uterus, so increased the size of the opening that after her confinement, a large hernia existed. It was generally easily reduced and gave her little inconvenience, as a well adjusted bandage usually gave her support and comfort.

In April 1871, however, it became strangulated, and was returned with great difficulty.

CASE 9.—Mrs. W. the subject of the last case, wrote to me a few weeks ago, saying that the right ovary had again taken on rapid growth, and that she was coming to Toronto to consult me.

June 20th 1871.—On making a careful examination to day, I found the right ovary increased to the size of a child's head, very moveable and not painful. She states that during the time she was nursing she never enjoyed better health, and that she was not aware of the existence of the tumour, but in February last, when the child was a year old it began to enlarge, and after the child was weaned in March, it increased very rapidly. It was multilocular, one cyst only taking on rapid development. In consultation with Drs. Beaumont and Bethune, the operation was decided upon, and fixed for the 24th inst.

June 24th.—Chloroform having been given, an incision about two inches in length was made near the linea alba, and the peritoneal cavity opened. I had determined to try a radical cure for the hernia while removing the ovarian tumour, therefore, after opening the abdomen I continued the incision until I came within an inch of the thinned integument which formed the hernial sac, I then made an elliptical incision on each side, including the thin covering of the hernia, and brought the two cuts again into one just above the pubes. In this way I removed the whole of the sac, and was enabled to bring the cut surfaces of the recti and pyriform muscles into close contact. The bulk of the tumour consisted of one large cyst, which was tapped, and a quantity of dark brownish viscid fluid flowed away; the rest was made up of numerous small cysts. There were only two adhesions to the omentum, which were easily separated, and the pedicle was secured by the clamp.

10 p.m.—She is quite easy, and doing well.

June 25th.—Passed a comfortable night, pulse 101, no pain or uneasiness.

June 26th.—Severe pain came on in the night, confined to one small spot, about midway between ant. sup. spine of Ilium and the pubes, and extending down the thigh, but not felt one inch on either side of the above named spot, neither is there tenderness.

It is intermittent, coming on at about 9 a.m., and leaving towards nightfall, she has had similar pains for two months past; pulse 92, soft; skin cool; no tenderness. To have Pulv. Opii. gr. I. immediately, and at bed time.

June 27th, 8 a.m.—She was relieved by the opium, but it was followed by sickness and head-ache. The pain returned at 10 a.m., and became very severe, continuing all day, and leaving her at night; pulse 96; no fever; nausea, and disinclination for food.

The catamenia came on, as freely and naturally as usual; wound uniting well, no suppuration. Morphia Sulph. $\frac{1}{4}$ gr. was injected at night, but it caused vomiting and loathing of food.

June 28th.—She passed an uneasy night, and, in anticipation of a return of pain, I injected $\frac{1}{10}$ gr. of Atropine, but it produced the same effect as morphine, and did not retard the return of the severe pain. There was little sleep during the night, and her head felt uncomfortable. The catamenia continued regular, and the bowels were inclined to act naturally; there was no tympanitis or pain in the abdomen generally, still this painful spot existed—pulse 90, soft; skin moist; no appetite. Ordered an injection per rectum of 1 drachm of Tr. Opii. at bed time.

June 29th.—Pain gone; she slept well, and feels comfortable, the bowels have acted, and the catamenia continues; pulse 96, and tongue clean. I removed all the dressings and found the wound healed, and the clamp firm. Adhesive plaster was again applied with a bandage. As she had no appetite, and the pulse was feeble, I ordered 1 ounce of wine, with a chop or fresh fish, &c.

June 30th.—She slept well, pain gone, no relish for food; catamenia nearly gone, she feels weak; pulse 94, tongue slightly furred in the centre, and the wine turns sour. To substitute brandy for wine.

July 1st.—She feels much better, slept well; appetite returning, passed water twice without the catheter, and she is cheerful.

July 5th.—She continued steadily to improve until this morning, when she was attacked with a sudden and most severe attack of inflammation of the left parotid. The symptoms were most acute, nothing appeared to relieve, and suppuration took place. An opening was made the moment matter was detected, yet the symptoms did not abate, and her sufferings were severe. In this state she continued until the 10th July, when the pain gradually passed away, and she was left in a weak and debilitated condition. Being unable to masticate, she was fed on beef tea, &c., &c.

There was complete paralysis of the facial nerve from pressure, and consequently the features were drawn to the opposite side.

The clamp was removed to-day, and the wound soon granulated.

July 10th.—The pain in the parotid has gradually passed away, yet, she cannot open her mouth, and is consequently obliged to feed on broth, beef tea, and other slops. The paralysis continues. She continued gradually to improve and gain strength until the end of the month, when she returned to her own home.

On the 21st August, 1871, I received a letter from my patient, in which she says. 'I feel quite well and strong, I enjoy my meals, and in fact seem wonderfully well,' and in the following October she writes again, saying, that the swelling in the face has gone down, but the jaw remains still, and concludes her letter by telling me that she is quite well, except the stiffness of the jaw, and that she has not had an ache or pain since she left Toronto.

Remarks.—The records of Ovariotomy contain but few cases in which the operation has been twice performed, and still fewer in which it was successful in both. In the two cases now published, many adverse circumstances took place, and had it not been for the indomitable courage of my little patient, I think the result might have been different. During the first operation she changed her lodgings within a week of the operation, and

again before the ligatures came away. She also returned home, a distance of nearly one hundred miles, the ligatures being still attached to the pedunele, and from which they did not come away for upwards of three months. She then became pregnant, went her full time, gave birth to a strong, healthy, male child, which she nursed for thirteen months, and weaned him only when the second ovarian tumour took on rapid growth.

The history of the second tumour is to me very singular, for I had asked Dr. Beaumont during the first operation to examine the right ovary, which I had previously myself done, and both of us considered it healthy in every respect.

The violent passion into which she threw herself a few days after the operation, appears to have been the only exciting cause, and within three hours afterwards, the right ovary could be felt as large as an orange. This passed away, she regained her ordinary health, and became pregnant. During her pregnancy she enjoyed excellent health, with the exception of occasional sympathetic symptoms, and nursed her child for thirteen months, a period too long for most women, particularly for one whose constitution had recently received so severe a shock. It was only when she was worn down by lactation that the tumour again increased rapidly in size, and her former experience led her not to postpone operative procedure too long.

The very sudden and acute attack of inflammation in the parotid gland, without apparent cause, its obstinate resistance to treatment of every kind, its pressure upon the facial nerve, producing complete paralysis, and its very tardy restoration to its natural condition, are, to say the least, very unusual. Could it be looked upon in the light of Metastasis, such as we see occasionally in the male, where parotitis suddenly leaves the gland and attacks the testicle, or was it simply a coincidence?

At the present date I am happy to state that my patient is in perfect health, and the function of the nerve restored.

*(To be continued.)*

## CURIOUS NERVOUS PHENOMENA.

BY W. S. CHRISTOE, M. D., FLESHERTON, ONT.

For want of a better term, I have given the case I am about to describe the above caption.

My patient was a lad, living in the Township of Proton, aged 11 years, of slender build, fair complexion, sanguine temperament, and possessing fair intellectual development. Eight weeks ago I first saw him. The history of the case, briefly given by the lad's mother, is as follows,

For about two weeks previous to my visit, he manifested a very voracious appetite, eating every thing, and would, if permitted, be always eating, in the midst of which he took a severe pain in the side of the face. Supposing it was from the teeth, nothing was done for it. Suddenly he became seized with some curious demonstrations of nervous derangement. Antispasmodics were used, but with very little effect, I found the lad breathing *stertorously*, and at each *inspiration* the body was raised fully six inches, the points of contact being the heels and head, this would continue for a while, then he would talk over every imaginable thing passing through his mind, whistle, sing, eat, snap and occasionally turn a half somersault, without touching the bed with his hands. It was asserted, in fact, and so it seemed, that the lad was bewitched.

My first impression was, that it was intestinal irritation, from the excessive appetite present. I gave him santonine, turpentine, *asafœtida, but only to find my diagnosis purely imaginative.*

During these paroxysms, the lad appeared to be sleeping, from which he could not be awakened by calling, however loudly or pinching, however severely, but when shaken and his name called simultaneously, he would invariably be awakened, rub his eyes, laugh and converse pleasantly, and to questions put, would say "nothing was the matter with him"—he recollected nothing that had transpired—but perhaps in the midst of conversation he was off again. *I was pressed to give my opinion, and name the* disease, I frankly admitted my ignorance. Before leaving, however, I thought I would test it still farther, and ascertain if it

were sleep or not. I gave him about thirty grains of chloral hydrate in divided doses. He slept six hours, during which he was perfectly calm, affording no intimation of his previous phenomena. I aroused him from sleep, and in a few minutes he was again in his revelries. Such in brief was the case at my first visit. Not satisfied with my course, the friends of the lad sought further advice. Another medical man was called in—he had a name at his tongue's end—hysteria was the disease; said the lad manufactured the most of it, and gave directions not to encourage the little fellow in his tantrums.

This opinion got the poor little fellow into bad grace, and, but for the discretion of kinder hearts—who noticed that by no effort could he avoid it, and that he was wholly unconscious of his sayings and doings, other than being told afterwards, he would perhaps have wanted necessary attention. I lost sight of him, until about four weeks since, when having a call to the house where he then was, I was requested to examine him again. The lad had improved materially, but was by no means free from it. Whenever placed in an easy position—in quietude—he gradually passed into the same state. Accordingly he was directed to lie down, to rest before dinner—in a few minutes he got into the peculiar state mentioned above. He breathed stertorously as before, but they had found that if his shirt was loosened he would immediately stop,—taking the hint, I loosened the shirt collar and found the statement correct. I practiced pressure on several portions of the body and noted down the results.

The great sciatic nerve was first manipulated, and the moment pressure was made, the leg was stretched and stiffened like a pole, each repetition produced the same result. I then placed my thumbs on the supra-orbital foramen, right and left alternately, and instantly the mouth was drawn towards the side pressed—pressing both at once the mouth was drawn to a funnel shape, with the tongue protruding and rapidly passing from side to side. The Infra-orbital was the next point, but no external muscular action took place, on pressure, an invariable attempt to pronounce the monosyllables, "yah, ah, or yes" was made, I tried the mental foramen, but found no response, perhaps I missed it. The right ulnar nerve was manipulated, it excited him to cough, as tho' some foreign body had fastened

in the trachea, the same earnest attempt to get something out of his throat was the result of pressing this nerve. The left ulnar, however, produced no such phenomenon, but instead the lad would begin to kick most violently. Pressure over the region of the carotid artery on one side, caused the body to be thrown into a wriggling kind of motion, with the head inclined towards the side pressed—on both sides the inevitable stertor in the breathing was produced. Pressure on the dorsal vertebrae would cause him to speak. I placed my hand on the occipital bone and instantly the half somersault was produced. Although lying on his back, this motion was quick and certain, the whole body being thrown forward, by placing the thumbs on or about the coronal suture, above the supercilliary ridge, the pain seemed to be intense, uttering a kind of muttering groan, out of pity you instantly desist. Grasping the foot, and placing the thumb over the instep, he at once commenced to manipulate the damb alphabet on his fingers, which under ordinary circumstances, he is entirely ignorant of. I enquired particularly about this, and was informed that when a very little fellow he saw a deaf and dumb lad performing, I tested his knowledge in every possible way, by repeating the letters made by him on my own fingers, but all seemed a blank.

This phenomenon so interested the little folks of the house, that while I was examining other parts, they would grasp Johnny's foot to see him make the letters. The cranial nerves, right and left, seemed to be alike impressible, and produced similar phenomena, but not so with the nerves of the extremities, the right having excess of sensibility. Perhaps the most interesting point of all is, that if you press on the squamo-parietal suture a little posteriorly, he recovers instantaneously, rubs his eyes, acts a little strangely and goes about his business as if nothing had happened. I might add that any two or more of these phenomena might be produced at the same time. The features during the paroxysm are much flushed, and the slightest touch on the cranium produced the results named.

I think, certainly no blame can be attached, if I can not place it under any specific name in Medical Nosology. Is it hysteria?—not in the popular sense of that term I think,—that it is some exalted state of the nervous system, I am free to admit, but the phenomena of hysteria, compared with this case, very naturally preclude the conclu-

ion. It is doubtful whether unconsciousness ever exists in hysteria, but in this it is complete, in the former memory can generally supply the patient with facts transpiring during the fit—but in this case it is a complete blank. In hysteria, the patient, if sleep be induced is released from the fit, and so likewise in this case, but reverse the matter, my patient when awake has perfect control over himself, and it is only in a semi or middle state between sleep and wakefulness that the paroxysms take place. Then again the extraordinary action produced by pressure on the respective nerves are so diverse from those of hysteria generally, that until further convinced, I shall not place it in that category. Is it mesmerism or clairvoyancy? Not having given these branches my attention, I can only say as to the former, that my patient did not require a second party to put him in that peculiar state, and that whilst he is in it, he responds to nothing you say, as to the latter a similar reply might be made, there is no communication between the patient and the party examining, as I understand there is in clairvoyancy.

Having read the articles "on the Phenomena of Life, maintained and controlled by two antagonistic principles of innervation," I thought if the learned doctor had this patient to experiment upon he might have elucidated his subject more clearly than he has. That the cerebro-spinal nerves were easily excited in this case was easily demonstrated and could I have tickled the sympathetic centres, I would have done so, but alas, there is a limit to all experiments. When I pressed on the squamo-parietal suture, and the little fellow stared me in the face so instantly, I began to think I had found one of the doctor's antagonistic nerves, but then I had no recollection of sympathetic centres outside the skull, and so I remain in blissful doubt.

I think I am to be pardoned if I cannot satisfactorily explain such strange phenomena, and delineate the relation of the nerves of the elbow to the throat, or those of the feet to the hands, or those of the occipital region to the action produced, &c.

I therefore will not attempt further remarks, than to say, that my belief is, that it was a nervous lesion brought about obscurely, and manifested first by the appetite, the pain and subsequent phenomena.

May 11th, the lad is nearly well, having by way of experiment, last time I saw him, prescribed large doses of Ferri Carb, it has succeeded admirably. In passing from wakefulness to sleep, and coming, none of the freaks are noticeable, and his friends are much pleased at the result.

## PROCEEDINGS OF THE MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

ST. CATHERINES, Oct. 17, 1871.

Dr. Comfort in the chair.

In the continuation of the discussion upon Pelvic Cellulitis Dr. Mack wished to state that peri-uterine inflammation of the connective tissues was frequently brought under the notice of Gynœcists from the use or abuse of sponge tents and intra-uterine medication generally. If the early indications of this disease were recognized and treated intelligently they were manageable, and suppuration might frequently be averted, yet it must be confessed that cases occurred in which pyogenesis appeared to be inevitable. When the symptoms present themselves, frequent vaginal examinations are called for. *To promote resolution,* the hip-bath at from 85 to 90 for 20 minutes, increased in duration slowly up to two hours and followed by friction has proved to be valuable, leeching the Cervix, cupping the sacral region, fomentations, rest, the bromides, and keeping the rectum empty by gentle measures so as to prevent accumulation of fœcal matter, emollient enemata per rectum and vaginam are valuable. When *suppuration appears* to be inevitable vesication of iliac and sacral regions is expedient, and as soon as the exploring trocar has demonstrated the existence of pus, it should be withdrawn by the aspirator. Dr. Mack gave the history of several typical cases.

Dr. Goodman mentioned an instance where a lardaceous mass had been discharged per rectum, apparently a fatty tumour which had in this way been got rid of. From first to last about two quarts of fatty substance had been voided. A pre-existent pelvic tumour disappeared after the evacuations.

Dr. Ollo wished to know what end was attained by Sims' operation of *bilateral division of the cervix uteri,* as far as relieving dysmenorrhœa was concerned. Dr. Mack replied that relief of dysmenorrhœa was by no means the only object of that operation, he had performed it a great number of times and although the operation had been called in question he had seen no instance in which he had found cause to regret having joined the ranks of the "womb-splitters."

Dr. Goodman reported a case of diabetes, apparently consequent upon a severe injury. As the patient recovered from the immediate effects of the accident, diabetic symptoms became manifest until eight pints of the characteristic urine were voided daily. The treatment consisted of vapor baths, pepsine to remedy the indigestion, and other usual measures, resulting in complete recovery.

Dr Mack spoke of an intercurrent form of Diabetes observed in gouty subject, where great mental exertion was made frequently. In this modification of the disease both the glycosuria and dysuria yielded to treatment, he had known one case of this kind, extending over twelve years. Professor Rochester of Buffalo, related to him an unfortunate trial of the skim milk treatment. The patient grew rapidly worse under the regimen, took early to his bed, and sunk from the disease in a manner that shewed the treatment had no influence for good.

Dr. Comfort mentioned a case, treated by small doses of Morphine at regular intervals, persevered with, for about four months and terminating very satisfactorily in convalescence, although the quantity of urine, passed in the twenty-four hours had reached as high as eight quarts.

December 12 —Dr. Mack in the chair.

The chairman said he would occupy a portion of the time this evening, in describing his experience of the manœuvres for dilating, incising, and dividing the cervix uteri. About twenty-three years ago, he commenced with the use of bougies as recommended by Mackintosh, to relieve dysmenorrhœa from obstruction; he had, after this fashion, attempted in many and various ways to effect dilatation of the canal of the cervix, and he could not now recall any very encouraging results. Sir James Simpson's metallic dilators were next employed, with better effect; then sponge-tents, or the tents and different dilators occasionally, between the employment of the sponges, laminaria &c. These procedures proved to be serviceable occasionally in relieving dysmenorrhœa, and sterility, and facilitating local treatment. Intra-uterine galvanic pessaries, following the enlargement of the canal and retained for a few weeks proved to be a great improvement, obviating obstructions, gently stimulating the interior of the uterus and remedying ante-flexion, yet there

still remained a *hiatus valde deflendus*. The conviction was ere long forced upon him that unlike the urethra a very large number of cases existed wherein this conduit must be split by some means and subsequent measures adopted to insure a proper degree of permanent patulency, for this end, he adopted the bistoure caché of Simpson, subsequently Dr. White's Uterotome. From this moment, success began to dawn upon his efforts and after experimenting with each and all of the various methods for incising the cervix, he finally settled upon the plan of Sims in all its minutiæ of operation and after treatment, as the best operation now known, to relieve a constricted condition of the the os cervix and to relieve effectually and promptly a vast number of cases of inflammation sub-acute and chronic and congestions of the cervix and body of the uterus when a free opening does not already exist. After this manner, he had operated, certainly more than one hundred times, and he could not recall to mind a single instance of having to regret the act, while it has been followed in many cases with brilliant success, and there are now many human beings living who would never have seen the light of day, had the operation been omitted.

The systematic works of Dr. Marion Sims, and Dr. T. G. Thomas, describe the operation most graphically and succinctly; he had only to add, that he had generally found it a very difficult matter to improve upon Sims in any of his operations. He often preferred, when it is necessary, to incise the os internum to effect his purpose, with an uterotome, invented by Dr. White of Charleston. After using the scissors he divided the cervix as much as he considered safe and necessary, with Dr. Emmetts knife. The operation thus performed, is safe, effectual, and after a little practice not very difficult, but it must be firmly borne in mind that to ensure success, subsequent treatment should be persevered in for at least three weeks. On this account, it is not advisable to perform the operation at a period exceeding three days from the completion of a menstrual epoch, to regularly apply the dressings for the prevention of re-union of divided tissues, and to promote cicatrization of the cut edges and to adopt every measure to obviate peri-uterine hæmorrhage, inflammation or septicæmia. After the healing process is completed, he had in several instances, used a sea-tangle or sponge-tent, after each alternate menstruation twice or thrice.

The operation has failed to relieve the symptoms for which it was intended, in perhaps from four to five per cent of the cases. How many operations are there in Surgery for which more can be claimed? He had only met with two cases of hœmorrhage following the operation, one occurring five or six days after, and he was inclined to think caused by too much force in drawing down with the tenaculum, while introducing the cotton pledget, soaked with glycerine for the purpose of obviating more of the line of incision. They were both easily controlled. One severe case of pelvic abscess occured in a woman who had not perfectly recovered from Gonorrhœa, or who had not been entirely free from that disease for many months, a circumstance unknown to him previous to operating. One case of pelvic cellulitis, which yielded speedily to treatment. In two or three instances pretty sharp surgical fever occured, within the first five or six days after the operation.

In operating with Simpson's or Greenhalgh's instrument he had met with hœmorrhage, much more frequently. Pelvic cellulitis has also followed mechanical dilatation, more often than incision of any kind. Septicæmia is frequently prevented by dressings of Glycerine, Carbolic Acid and appropriate constitutional measures.

As to the cases demanding the operation, those which were positively benefitted by it, were dysmenorrhœa from cervical narrowness, with or without chronic inflammation of the mucous or fibrous tissues or ante-flexion and induration, this last condition disappears very speedily or yields promptly to treatment, by blistering, Collodion, Iodide of Bromine, or small issues, with Pot. cum calce after recovery from the operation, to check the growth of sub-mucous or interstitial fibrous tumours and to relieve the hœmorrhage resulting from the same.

By the advice of Dr. Thomas of New York, he had lately operated by removing a quadrilateral portion of the posterior lip and segment of the Os and Cervix in a case of Ante-flexion with induration. The operation was performed by the aid of a cutting pliers which he placed before the Society, sent to him by Dr. T. for the purpose. They would perceive by introducing one blade of the forceps into the cervix, a piece of the organ about ½ inch in width can be removed by the knife, the full

length of the vaginal portion. This operation was not painful no hæmorrhage followed, very little after treatment, compared with that required in bilateral division, was found necessary, and recovery with a patulous os was complete In about three months after the operation, the lady wrote him that the result had been most satisfactory to her in relieving a variety of distressing symptoms. It remains to be seen whether any effect will be produced upon the sterility. The relief of pain which often follows complete division of the Cervix, has led him to believe that cutting across the sensitive nerves is in this case like prompt relief afforded from a similar operation for Vaginismus, followed in the same way by persistent dilatation. Do we not also, see something analogous in the successful treatment of fissure of the of anus by incision followed by the introduction of bougies

He had thus briefly given a summary of his experience with regard to the operation of division of the Cervix uteri and he could only add in conclusion to what he had already said in its praise that the advocacy of incision by Sir James Simpson as well as dilatation by tents remain as contributions to our art of the greatest value, while to Sims is due the credit of perfecting the operation to the highest degree.

Tuesday, Jan. 2, 1872.

Dr. Sullivan wished to call the attention of the Society to the subject of Cholera. He said that he was not prepared to give a full record of its causes and history, symptoms or treatment, neither to throw light on the subject by any new suggestions, as to its cause or treatment, nor to cite cases from actual observation but rather that an opportunity may be given to older members of the Profession, to give their views, which if not derived from experience in former epidemics would, he was sure, be of very great benefit to the younger members, from the mature and enlightened thought which they may bring to bear upon the discussion of any matter, and thus that we may be the better able to meet this dread visitant, which has happily only made a temporary sojourn with us perhaps fortunately to warn us of a more permanent stay next summer as well as to teach us some useful lessons. 1st. As to it prophylaxis, Sir J. Y. Simpson strongly advocated isolation in Small-pox, and also in cholera.

There can be no doubt, he thought that an efficient Quarantine was of the first importance, and he hoped that late investigations would cause the executive to provide the proper officers, and ample means to insure as strict a supervision as that which has been so successful in New York. The central board should select Physicians and nurses and distribute copies of well-prepared rules to local boards, especially along the route of emigrants to the west, so that infected localities might be strictly isolated.—Of course the hypothesis of contagion is fully admitted by this line of action, and he was inclined to believe with Dr. Watson, that it is at least portable, as proven in the case of "The Franklin" The many striking exceptions may be easily accounted for, from absence of pre-disposition, or lack of susceptibility, this exception he had frequently witnessed in the attendant on those sick with the small-pox.

This susceptibility arises from the same causes in most infectious or contagious diseases such as intemperance, insufficient or unwholesome food, bad ventilation consequently we found Cholera making its most frequent raid, upon the poor living in the confined lanes of large cities. There were a good many other causes given by writers, which to his mind had very little to do with cholera except as by weakening the body, they might excite all diseases, such as irregularity of diet, unripe fruit, exposure to night air and one which seems to be exciting more than usual interest just now as a cause of enteric fever, that is, paludal exhalations and animal effluvia, which are frequent in a great many places at various times, yet do not produce epidemic Cholera every summer, or Typhoid in mid-winter. He had also always looked upon this latter disease as an epidemic arising from a specific poison, propagated by means we cannot explain; not by a tainted atmosphere, but requiring actual contact, and the conditions of impaired health, commonly called predisposition.

In the swamps of Bengal and throughout the thickly populated countries of Asia, the Barbaric mode of life in close and filthy huts, and want of personal cleanliness may change an ordinary type of diarrhœa into a specific or epidemic form of disease. He held to the belief that it is the same disease described by Hippocrates and other ancient writers, but many state its origin in 1817. After a lapse of fifteen years, it made

its appearance in 1832, in this country. Its more rapid course in 5 or 6 visits subsequently may be attributed either to its never having completely left our populous cities, or its more swift transmission by the modern modes of travelling.

The theory as to pathology is that the poison produces its primary effect on the stomach and alimentary, canal and secondarialy *through the ganglionic system* thence to the spinal nerves, marrow and brain producing debility and congestion of the viscera and finally alteration of the blood.

With regard to curability, he believed that when the multiplicity of remedies was so great, the chances of cure were proportionately small. *We have in cholera the most diverse remedial measures* recommended, beginning with emetics and ending withdrastics. It is hard to conceive how vomiting and purging could be relieved by full doses of Sulphate of zinc, tartic emetic, calomel, rhubarb and aloes.

*It has been proposed to supply the drain of serum by a free* supply of albumen, chloride of sodium, and carbonate of soda.

Opium has been condemned for embarassing the cerebral functions and causing wakefulness, still it must prove useful to allay spasm and pain, and combined with astringents, and sedatives, he thought should not be lightly condemned. *Effervescing draughts and iced lemonade allay thirst, turpentine* stupes, sinapisms, friction with capsicum over the surface and hot packing are expedients of promise. If the lungs, liver or kidneys were seriously embarassed he should try dry cupping. Electricity might be useful, and perhaps scruple doses of Ipecacuanha.

Dr. Goodman thought that the specific disease was not easily diagnosed from some of the most severe forms of cholera-morbus. Dr. Mack stated that the physiognomy of the disease was very characteristic, the fuliginous aspect, stridulous voice and shrinking of the integuments were such as he had never witnessed in any other epidemic.

In the treatment of the cholerine accompanying the prevalence of this malady the sol. of the persesqui-nitrate of iron first brought under the notice of the profession by Dr. Kerr had proved efficacious in the highest degree, in his hands The remedies he had placed the greatest reliance upon in the last epidemic were camphor until full reaction was established, then calomel, opium and creosote, and he should now feel inclined to give a faithful trial to Dr. Chapman's spinal ice bags.

House to house visitation appeared to him the wisest of all measures. along with the most stringent hygienic regulations for stamping out or mitigating the epidemic after its invasion.

# Selected Articles.

## EXCISION OF THE ULNA, INVOLVING THE ELBOW.

The subjoined case is reported by Dr W. W. Minor, in the Buffalo *Medical and Surgical Journal*, October, 1871:

William J. Leech, aged 32, residing on Carroll street, Buffalo, while employed as brakesman on the Lake Shore R. R., was, on the 6th day of November, 1869, caught between car-couplings in such a manner as to crush the upper third of the ulna, and to lacerate to some considerable extent the soft parts on the posterior parts of the fore-arm and immediately surrounding the comminuted ulna. The injury was received on the road some distance from Dunkirk. The physicians who were called at Dunkirk advised immediate amputation of the arm. The patient preferred riding to Buffalo, where he might obtain further advice as to the necessity of amputation. Though the injury occasioned somewhat remarkable comminution of bone, and some considerable laceration of the tissue, still it was found that the ulna was alone the seat of fracture, and that circulation and sensibility in the hand and forearm was not in any particular degree affected. The longitudinal opening in the integument was lengthened by incision so as to extend as far down as did the fractured bone. The upper and middle thirds of the ulna were removed by excision, while the radius was left intact. The limb was afterwards placed upon an angular splint whose obliquity was varied as was necessary. Though the shock of the injury was very considerable, still the attempt at the preservation of the limb gave the patient courage, which was a valuable adjuvant in his recovery. Carbolic acid water dressings were assiduously employed, and the cleansing of the parts with water was carefully and regularly attended to. Suppurative discharge was abundant, and to this, from the position of the wound on the posterior part of the forearm, there was afforded ready exit. Visits to the patient at his house were required for a period of six weeks, after which time he came regularly to the office, where the last dressing the case received was on the 29th day of December, only fifty-four days after the receipt of the injury. The result of the excision is a

most satisfactory one. The motions of the fore-arm and hand are admirably retained. The man is now at work in a stove manufactory in this city, and his employer states the he is able to notice no difference in the efficiency of this workman from that of his fellows. The case goes to show that injury to the bony structure of a limb, though it involves two-thirds the extent of that bone and implicates its articular extremity, is not of as serious consequence as if the same extent of injury involved an equal extent of surrounding soft tissue. This conclusion was very strongly affirmed by a case of contusion of the soft parts of the fore-arm of the same extent as that of fracture in the case already narrated, which also was without co-extensive contusion of soft tissue. The patient with simple contusion and without fracture died, while that with fracture unaccompanied with co-extensive *contusion was at no time very dangerously ill. The maxim* which seems to be in process of adoption by surgeons is .—*Never amputate a limb for simple injury of its bony structure.*

## ARSENIC IN MENORRHAGIA AND LEUCORRHŒA.

BY DR. J. H. AVELING.

When those affections depend upon the presence of polpyl, fibroids, cancer, etc., Dr Aveling thinks that arsenic is of no use, but when hyperæmia is the cause of the flow, arsenic, he believes, arrests the latter by curing the former. He says: Hyperæmia of the passive or atonic character is that which is most benefitted by the use of arsenic. The uterus, when in this condition, is larger and softer than in its normal state. It is usually tender to the touch, but not always so. To the eye it appears of a deeper red than is natural. After death, the capillaries are found dilated, and the tissues tinged with red. Unlike the color produced by inflammation, however, this redness can be removed by careful washing.

A patient coming to you with her uterus in the state just described, will, in addition to a host of other subjective and objective symptoms, *most probably complain of the too frequent* recurrence of the catamenial period, of the excessive discharge

at that time, and, in the inter-catamenial period, of persistent and distressing leucorrhœal flow. Now, in such a case as this, I should commence by administering two drops of the liquor arsenicalis, or one granule (one milligramme) of arsenious acid, three times a day, at meal-times. This dose I should continue for a fortnight. If, at the end of that time, no conjunctival irritation had displayed itself, I should increase the dose to four drops of the solution, or two of the granules; and then again, after another interval, to six, eight, ten, or even more drops or granules in proportion, watching the patient, and being guided by her tolerance of the remedy.

Besides the general effect of arsenic already alluded to, the first result of this treatment will be lengthening of the inter-catamenial period, and it is remarkable how this is sometimes extended, one or two days being only gained at a time. By persisting in the remedy, however, the interval will become greater until it arrives at its normal duration. Occasionally the progress is more rapid, and the proper interval is at once attained. Besides the improvement in this respect, the amount of the discharges will gradually decrease, and in like manner all the other hyperæmic symptoms disappear. I have found it necessary to administer large doses, and cannot remember ever having produced any of the premonitory symptoms of arsenical poisoning beyond that of conjunctival tenderness. I have been obliged, however, to continue the remedy for several months, and have had to recur to its use more than once when the hyperæmic symptoms have reappeared. In some cases an excessive leucorrhœal discharge has the effect of supplanting the catamenial. In these the cure of the former has the result of removing the amenorrhœa —*British Medical Journal.*

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Chloral in Tetanus.—M. Garnier (*L' Union Medicale*, November 14, 1871) refering to several cases in which chloral was used in the treatment of tetanus occurring in very young persons, says that it is in such patients that it will be found most useful In a child thirteen years of age four grammes of chloral were given at a dose, with the effect of producing a marked amelioration of all the symptoms. A complete cure was effect-

ed on the thirty-fifth day, after one hundred and eighty grammes had been taken. In a child aged seven days, affected with trismus, chloral was dissolved in the milk of the mother, and injected into the child's nose during the paroxysms. Twenty-five grammes were thus administered, and on the ninth day the cure was complete.—*Philad. Med. Times.*

## RUPTURE OF THE GRAVID UTERUS.

At the meeting of the Philadelphia Obstetrical Society reported in the *American Journal of Obstetrics*, August, 1861, Dr. A. H. Smith presented a specimen of rupture of the gravid uterus at the seventh month of utero-gestation, from grangrenous inflammation of its tissue. The patient at twenty-seven had been married eighteen years, and Dr. Smith had delivered her with forceps of her only living child eight years ago. She had not conceived since until the present time, and, when about six and a half months gone, she was suddenly seized, while in good health, with violent pain in the umbilical region, not attended, however, by collapse, and, Dr. Smith being absent from the city, she was placed under the care of a neighboring physician. On Dr. Smith's return, which was in a few days, he found that she was much prostrated from the severe pain, and had not felt fœtal movements since her attack. The cervox uteri was thick dense, and non-patulous, and the pains had no effect upon it. The pain was quieted, and she was put upon tonics and stimuli, and for a few days seemed to improve, but soon passed into a condition of septicæmia. At this time it was deemed advisable to induce labor, but the rapidly increasing prostration prevented its accomplishment, and she died undelivered two days afterwards. On post-mortem examination the uterus was found in a gangrenous condition, the anterior wall ruptured near the fundus and the fœtus and placenta, in an advanced stage of decomposition, were free in the abdominal cavity, their presence there having given rise to some acute peritoneal inflammation.

## TREATMENT OF HYDRARTHROSIS BY ASPIRATION.

Dr Dieulafoy has recently published a pamphlet on this subject in Paris, in which he reports a number of cases both acute and chronic, traumatic, rheumatismal, and without obvious cause, in which aspiration of the knee-joint was practised with good result. The following are a very few of the cases given:—Double hydrarthrosis of fifteen day's duration, attended with great pain, in a man aged 47. Between the 26th of October and the 29th of November five operations were performed on each knee, the liquid reproducing itself so rapidly that in twenty-four hours 120 grammes of fluid would re-collect in each joint, and the pains, which would at first cease, would reappear with the effusion. The application of ice was found efficacious.

Hydrarthrosis, of six months' duration, of right knee, without obvious cause, in a conscript. 35 grammes were taken out. The man then walked ten kilometres (about six miles) without suffering. Twelve days afterwards the liquid had reappeared, 40 grammes were evacuated, paintings with tincture of iodine were practised, and no further effusion occurred.

Rheumatic hydrarthrosis of the left knee, of eight days' duration, in a man aged 38. 70 grammes of fluid containing a large number off leucocytes were drawn off. Bandages were applied, and three days afterwards, the effusion having re-appeared, 45 grammes of liquid, containing fewer leucocytes, were drawn off. Two days after 30 grammes were evacuated; compression; cure after nine days' treatment.

The operation is performed as follows.—The piston of the aspirateur is drawn partly up, so as to form a vacuum, and the needle connected with it by means of a short caoutchouc tube, is pushed a little way into the tissue at the designated spot, and the cock of the aspirateur turned. The needle is then slowly pushed into the joint, and when the fine jet spouts into the cylinder, the needle is known to have fairly entered, and motion of it ceases. The aspiration is then continued until no more liquid can be obtained; no pressure is to be made on the joint. A drop of collodion is to be put over the little hole the moment the needle is withdrawn. A simple spiral or number-of-eight

bandage is then applied, the limb raised slightly, and quiet enjoined. If *in twenty-four hours marked effusion has occurred* the operation is repeated, if not, the pressure is re-applied. Dr Dieulafoy claims that the operation is harmless, painless, and diminishes greatly suffering—shortening the time necessary for cure.—*Bulletin Gener. de Therap.*, Jan. 15, 1872.—(*Nat Remedies*)

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Resection of the Œsophagus.—In the current number of Langenbeck's *Archiv*, Professor Billroth, of Vienna, contributes a most interesting and suggestive paper bearing the title, "*Ueber die Resection des Œsophagus*" He states that some time ago after a post-mortem examination of his first patient affected with carcinoma of the œsophagus, the possibility suggested itself of making a resection of this part of the alimentary tube The fact that the lymphatic glands in the neighborhood of the diseased part are not generally affected, and the partial success which had hitherto attended the operation of œsophagotomy in the disease, together with *the analogy of external urethrotomy* in cases of gangrene or ulceration of the urethra, seemed to lend support to such an idea. The passing, moreover, of bougies through cicatricial tissue was far preferable to the manipulation of such instruments in a tube with ulcerated and weakened walls.

On April 21st of last year, a large dog was put under the influence of chloroform, and a piece, about an inch and a half in length, was cut out of the whole circumference of the œsophagus. The lower end of the divided tube was then fastened by a couple of sutures to the skin at the margin of the external wound. Up to the 26th of the same month the animal was fed with milk through a tube passed into the wound, but on and after this date the tube was passed *via* the mouth. A week after the operation the sutures were removed. By the end of June the fistulous opening had completely closed, and the process of healing would have been quicker if it had not been that the dog, like human patients, dissatisfied with "milk diet," purloined the more solid food of neighboring victims to science. After the closure of the œsophageal fistula, which took place at the end of June, the tube was daily dilated by a bougie of the diameter of

a large index finger. After the healing of the wound the dog was in capital condition, eating meat, potatoes, etc., but the variety of fare was not allowed to extend to bones. On July 26th the animal was killed with cyanide of potassium; and all that was found as a trace of the operation was an annular scar, scarcely half a line in width, and, moreover, easily dilatable.—*Lancet*, Jan. 6, 1872.

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Typhoid Fever and Bowel Hæmorrhage.—At the Central Medical Society of New York, Dr. Weed lately presented a paper on the treatment of hæmorrhage of the bowels in typhoid fever, in which he referred to the grave complication of this hæmorrhage and its cure. It might be affirmed that in an exhaustive fever this system was an alarming one. It had occurred even in convalescence, various astringents had been recommended, but their operations were not always satisfactory. He gave the history of a case where blood was passing largely, and the prognosis was most unfavorable. The styptic properties of the oil of turpentine occurred to him, and he resolved to give it a trial, he gave tea-spoonful doses repeated twice in thirty minutes, and then in smaller quantities, as the cases seemed to require, several other cases of a similar and very severe character, in which turpentine had always been given with *complete success*, were related.—*Medical World.*

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Chloride in Place of Bromide of Potassium.—Dr. Lander has substituted the chloride for the bromide of potassium in the treatment of epileptics with a success which he declares to be identical. He begins with smaller doses, but doses of 75 to 105 grains daily have been borne without inconvenience for months in succession. He states that it is more active, one sixth of the price, and without the inconvenient secondary effects of bromide of potassium He believes that in the stomach, bromide is converted into chloride of potassium, and that for many reasons it is desirable to administer it at once in that form.—*British Medical Journal.*

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Decapitation of the Fœtus by Braun's Knife.—Prof. Valenta (*Memorabilien*, March, 1872) gives great praise to decapita-

tion in case of shoulder presentation. In one case cited by him (*loco cit.*) where twins were born, the second twin was found to be a shoulder presentation. As the uterus was strongly contracted round the fœtus. Dr. Valenta feared the use of force, but decapitated the fœtus, which was dead, by Braun's knife, and extracted *in about a quarter of an* hour under chloroform. In a second case where the child had been dead some days and the shoulder presented, the head was decapitated and the child extracted in five minutes under chloroform. Both mothers did well. In the third case of shoulder presentation the midwife had sent for the physician, but another midwife had come and given ergot of rye, attempting to turn unsuccessfully. This case was also rapidly delivered by decapitation; but the mother having been so maltreated by the midwife died in seven days It seems to us that this operation ought to be more frequently practised in this country instead of turning.—*Doctor.*

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GUARANA FOR SICK-HEADACHE.—*Dr Wilks, of Guy's Hospital,* draws attention to *guarana* as a remedy for sick headache, and at the same time asks for the experience of those who may already have some acquaintance with the drug. His own knowledge of it dates about two years back, when, after the appearance of his lecture upon sick-headache, Mr. Helmcken, of British Columbia, sent him two powders, which he recommended as able to cure the complaint. He said that, having heard much of the remedy, "*I resolved to try the medicine* upon one of my patients who was always coming to me with sick-headache, and sure enough it acted like a charm, and in place of suffering for twenty hours or so, the headache had disappeared in a couple. *This accords with what others have told me*" *Dr. W. tried* the powder, but with only doubtful effect. Lately he received a letter from Dr. Wood, of Montreal, in which he also recommended "guarana" as a remedy for headache, and gave a history of his own personal sufferings and the relief *which he had obtained He says:* "By taking one of these powders and remaining quiet when I have felt premonitory symptoms by a beginning of pain always in the right temple (headache on the other side, or in any other part of the head, I never mind), I have warded off the attack, and, with the first box absolutely put it off for two months—something which had never occurred in my life before." Dr. W. then recommended guarana to several patients and friends. One lady speaks most enthusiastically of its power, as she has now, on two separate occasions had her headache arrested by its use. The drug has long been known, for

mention is made of it in English and French pharmacologies, but appears never to have come into general use. It consists of the seeds of a tree growing in Brazil called *Paullinia sorbilis*, and these, according to Johnstone, in his "Chemistry of Common Life," are used as we do cocoa. The seeds are ground into power, and contain an alkaloid which is said to be identical with that found in tea and coffee. The medicine is manufactured by Grimault and Co., No. 7. Rue de la Feuillade, Paris.—*The Doctor.*

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## PROF. BILROTH AT MANNHEIM IN A DESPERATE CASE OF WOUNDED ARTERY.

The following interesting but most melancholy case, which occurred at Mannheim, is translated from the *Berliner Klin. Wokenschrift:*

A German officer of the Cuirassiers, young, handsome, and strong as the war-god himself, had been wounded at the battle of Gravelotte, Aug. 18th. The ball had entered immediately below the middle of the right clavicle, and passing backwards perforated the scapula in the supra-scapular fossa, close to its spine. A piece of his cuirass had been carried in with the ball, but was extracted at the first hospital to which he was taken. The wound was healing well and the patient was on his journey home. On the 6th of Sep (19 days after receipt of the wound) as he was sitting at dinner in the hotel in Mannheim, he was suddenly seized with hemorrhage from the wound in the back Dr. Stephani was summoned, applied a temporary dressing, and removed him to hospital, where, in spite of prolonged compression of the subclavian artery, carefully applied, compressive dressings to the wound, the use of ice, and absolute rest of the patient, the hemorrhage continued. He grew constantly paler, and by the morning of the 18th it was evident that some more decisive action must be taken. On removal of the dressings the blood gushed out of the posterior wound, the anterior one did not bleed. It was evident that the blood came from behind the perforated scapula, but whether from the subclavian artery or a large branch of the same could not be told. As digital compression of the subclavian (which arrested the hemorrhage) could not be borne long enough to be of permanent benefit, on account of the severe pain it caused, as plugging the wound with and without solutions of iron, had proved futile, nothing remained but ligature. But to apply a ligature in the wound implied a previous partial resection of the scapula. The hole through this bone being so near to its spine would also have necessitated extensive separation of the attached muscles. I have witnessed extirpations and extensive resections of the scapula done by the master-hand of M. Langenbeck,

and have thus convinced myself of the difficulty of the operation and the loss of blood it necessarily involves. I may therefore be pardoned for not having undertaken it in the present instance, with the chances there were of having the patient, already well nigh bloodless, die under my hand. It was determined to ligate the sublavian artery above the clavicle, at the well-known *locus electionis*. Dr. Stephani conducted the operation most successfully, as soon as the ligature was applied the hemorrhage ceased and never again recurred in the bullet wound. But, as early as the third day after, a profuse arterial hemorrhage occurred at the point of ligature. It was during the night. The assistant on duty, Dr. Gersuny, was at hand immediately and made the necessary pressure, on my arrival Dr. Stephani was also present. The confidence of the patient in my ability to help him was unqualified. As I entered the door he cried out, "thank God, I am saved!" The words cut me to the heart, for a glance at the situation showed that probably we were powerless to help him. The only thing possible was the application of another ligature in the wound, but as soon as the controlling finger was moved, or lessened its pressure, the blood burst forth with prodigious violence! The former ligature was still in position. I thought we might lift the vessel out by means of that, seize the two ends and tie them. It was attempted, but in vain. The patient, though possessed of wonderful endurance, could no longer bear the pain of the pressure needed to control the artery. So now we had added to our other anxieties that of administering an anæsthetic to this anæmic man. Had not all of my assistants on this occasion supported me with rare faithfulness and ability I should never have succeeded as I did. Dr. Stephani compressed the artery, Dr. Gersuny gave the anæsthetic and handed the instruments, the remaining assistants were nurses.

Evidently my only course was to make room for ligature of the central portion of the subclavian, or for compression of the same and ligature in the wound. I therefore divided the integument over the clavicle, detached the clavicular portion of the sterno-mastoid muscle, and then introduced my finger into the depth, in order, if possible, to get behind the scalenus anticus, and there compress the subclavian with the left hand, while with the forceps in the right I should seize that portion of the artery cut through by the previous ligature. As I was carefully and laboriously feeling my way down, a sudden gush of dark, venous blood welled up about my finger. I at once realized that I had been so unfortunate as to tear the thin walls of the internal jugular vein, as if more complications were needed! I succeeded, however, in quickly seizing the vein with the forceps, tied it above and below, and cut through in the middle. Now, the scalenus anticus was before me; with my forceps I tore it partly free from its attachment to the first rib, and then, at last, I saw the subclavian artery lying full in view! It was promptly seized and ligated. As I removed my finger from the wound, the peripheral extremity of the vessel oozed

slightly To make things sure, I tied this also. The entire affair had occupied three-quarters of an hour, and we had at least gained a few hours of life By the application of heat, the free use of champagne, etc , we succeeded in restoring our patient to entire consciousness and reason He appreciated fully that he had not long to live, comforted his weeping sister, spoke of his fallen comrades, and the great results this war was to accomplish for the German fatherland, thanked us all in the heartiest manner for our efforts to save his life; commended his soul to God, and died like a hero!

Whoever spent that night with me will never forget it. Seldom have I so desperately struggled with the grim destroyer for a human life! Grimly he withdrew for a few hours. But he had touched his prey, and knew full well that science could not long defraud him of his own.—*Kansas City Medical Journal.*

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TREATMENT OF

## COMPOUND FRACTURES OF THE LEG, AT BELLEVUE HOSPITAL.

BY THOS. K. CRUISE, M.D., (LATE HOUSE SURGEON.)

Suppose that the ambulance has brought to the hospital a young man who has just been run over with a car. A tourniquet has been applied to the femoral, the bandage around the leg and the oakum in the fracture box are stiff with blood, and the ambulance surgeon thinks that the anterior tibial has been wounded.

You have a bed ready, which, when possible, it is best to have of springs for its upper half, but below, a thin horse-hair mattress must rest directly on boards. The man will have to pass many weary weeks on that bed, so make your mind easy by horse-hair and springs above—as a prophylactic against bed-sores, but there must be no inequalities where the extremity is to rest, so you use boards below. A rubber-cloth protecting the sheet where the leg is to lie, the patient, fracture-box and all, is carefully lifted upon this bed. The man is in good flesh, with firm muscles, uses alcohol very exceptionally, and is free from constitutional taint. He has bled freely, but the pulse is strong, and shock of minimum amount. The trousers are cut away and bandages slit up, discovering a state of affairs such as to make of amputation or conservatism an open question. The decision

must be made at once, for though you would not amputate to-night, the dressing is not to be delayed till morning, lest swelling defeat the intention. Here is a wound—evidently made by that jagged projecting end of the lower fragment of the tibia—which commences at the seat of fracture just below the knee-joint and extends downwards two inches or more. Various splinters of bone may be felt in the wound, and perhaps a fissure running far down the shaft. Below, one or two inches above the ankle-joint, where the car-wheel has passed, there is a fracture of both bones, compound as to the tibia, of most difficult management, because of the *sagging backwards of both the foot and the lower* fragments, but presenting the favorable feature of non-invasion of the *ankle-joint*. I consider the fact one of the most signal triumphs of plaster treatment, that the feature of special odium in such fractures, for which so great a multitude of plans, both by extension and otherwise, have been suggested—*the backward* tendency of foot and lower fragments—never occasions a second thought after the *gypsum bandage* has been put on. There are ordinary ecchymosis and other usual symptoms in the supposed case. The man is young, does not want to lose his leg, and we certainly do not want to cut it off. Suppose, then, it is decided that he stands an equal chance of life whichever procedure is adopted, and the leg is to be saved *if possible*. *Give chloroform* if the man be timid, loosen the tourniquet, and wait long before you are certain that every bleeding point has been secured. Wash the limb, and shave the surface hair in the vicinity of the wounds. Then draw on the leg a flannel casing—preferably of *closely-fitting thick drawers—and over the flannel where the* wounds are, envelope the circumference of the leg by an annular ring of rather closely packed oakum wrapped in oil-silk or india-rubber cloth. These rings extend an inch or two above and below the margins of the wounds. Their purpose is to prevent the plaster roller from lying immediately over the wound, for if the contact was direct, or, what amounts to the same, if the plaster bandage was applied over the *flannel casing only*, the cutting a fenestra at the site of the wound would cause bulging of the tissues through the opening, resulting in blood stasis and great pain. By the band of oakum the edges of the fenestra are kept from appearing to constrict the leg—an appearance caused by

the freedom from the pressure of the plaster bandage enjoyed by the wound and that part of the leg corresponding to the fenestra. This is a very important point, and dispenses with the oft-reiterated objection to the treatment, that the tissues swell in the fenestra. Before applying this oakum wrapping, which may be looked on as a mould for the setting of the plaster, it is well to provide against the soiling of the flannel wrapping of the limb with blood, by slitting the material at the wounds, and temporarily dressing the latter with picked lint and a few turns of a tightly applied bandage. The foot having been encased in a bandage or any convenient material for preventing direct contact of the plaster and skin, and the leg having been brought over the foot of the bed, an assistant grasps the heel with one hand, holding the foot at right angles to the leg, and with the fingers of the other surrounds the lower point of fracture, thus acting as a temporary splint. Another assistant puts his fist in the popliteal space, keeping the thigh elevated and the knee-joint very slightly bent, whilst the other hand controls the upper point of fracture. Two other aids attend to the bandages, and stand ready to relieve the first. During this time there have been prepared eight or ten ordinary surgical bandages, or preferably of a lighter material, in the meshes of which have been sifted evenly and lightly a quantity of the best modeller's gypsum. One or two of these bandages have been placed in a bucket of lukewarm salt water, when they cease to bubble are squeezed dry, and, the extremity in position, are applied quickly and evenly in a single layer. The object of this preliminary bandage is to retain the fragments in position and coaptation while the rest of the dressing is applied. It is unnecessary to carry the first bandage above the knee or below the ankle. A piece of thin blanket, intimately rubbed with a quantity of plaster, worked into paste with water, is next folded into a triple layer, the dimensions, when so folded, being long enough to reach from the toes to the upper third of the thigh, and the width being equal to about four inches. This mass is applied posteriorly, commencing at the root of the toes, continuing down the plantar surface of the foot, up the back of the leg and thigh, in the popliteal space, and stopping at the upper third of the femur. The fingers of the surgeon mould this "*posterior support*" to the inequalities of the surface, and the re-

sult is, when set, a plaster *board* fitted accurately to all irregularities, holding the foot in position, retaining the bend at the knee to the comfort of the patient, and is the king of all splints. When the plaster is partially set, the rest of the bandages are wound round the leg and posterior support *en masse*, three or four layers being required, and the extent as before from the toes to the upper part of the thigh. After fifteen minutes the thing is "set," and the result of a half-hour's work is seen in an apparatus that, with its maimed contents, can be rolled from side to side, can be raised a foot or more from the bed and dropped again without giving a twinge of pain to a patient who had previously suffered when any one walked near his bed. The fenestræ are best cut before the plaster is dry, and there is scarcely any limit to the size of the openings that may be made —six inches square if necessary—so firm is the grip of the posterior support. In such a case as we have supposed an idea may be gained of how fragments are held by asking the patient to contract the rectus, when, no matter what the size of the fenestra, the fragments of the tibia will give no response to the muscular action. The comfort of the patient may be enhanced by elastic swinging of the whole.

Space compels me to forego the pleasant duty of signaling how the apparatus may be modified for certain exigencies, what wonders it is capable of in cases of knee-joint excision, necrosis operations, etc., and the details of many cases happily treated by it.

Lister's antiseptic dressing can be most advantageously used in connection with the splint, but, however the wound be managed, it is important to guard against the discharges soaking between the limb and the bandages, creating an atmosphere which would poison any wound. At each dressing cotton must be stuffed under the margins of the fenestra before syringing, and fresh cotton covered with oil-silk after the same operation. Good drainage must be secured, and oakum is by far the best material for absorbing discharges.—*Medical Record*

# The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

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

TORONTO, JUNE 1, 1872.


## CANADIAN GRADUATES.

The April number of the Canada Medical Journal, contains a stricture on an article published in the April number of the LANCET, in reference to our recommendation to the Ontario Medical Council, to remit the examination to Canadian Graduates who have passed an additional examination, before the College of Surgeons or Physicians in England or Edinburgh.—We have not had an opportunity to reply to this, until the present, owing to the fact that the April number of the Canada Medical Journal, did not come to hand till some time in May. Our co-temporary seems to have got on the wrong track, and to have entirely lost his way. We do not advocate the remission of examination to graduates of British Colleges as such, but to *Canadian Graduates*, who have received additional clinical instruction and additional honors, to those already so nobly earned in Canada. Neither have we attempted in the least, to "belittle our own institutions, far from it. On the contrary we quite agree with our co-temporary in the statement, that "medical studies are as faithfully pursued and taught with us, as abroad," and that "Canadian Graduates will compare favorably with those of British Colleges." But it must be remembered that the facilities for Clinical instruction in England, are much superior to those in Toronto or Montreal—and when we bear in mind, that all Colonial Graduates, are compelled to spend one year in a metro-

politan Hospital, before their admission to examination at the College of Physicians or Surgeons, London, we must acknowledge that these men are better qualified, than those who have not had such opportunities. This, too, is very expensive, so much so, that few are able to afford it. There is no desire to compel students to adopt this plan, as our co-temporary seems to think, nothing of the kind, no need to "close Canadian schools and cease Medical education entirely" We might state for the benefit of our co-temporary, and those who oppose this measure that members of the Royal College of Surgeons and Physicians, *who have registered in England, are legally qualified to practice,* in any part of Her Majesty's Dominions. The only obstacle in their way, here, is that they cannot hold any public office, such as Coroner, or sign a certificate to commit a patient to the Lunatic Asylum, and the Council may refuse to accept their certificates with reference to time spent by students, in the pursuit of Medical studies under their supervision

It is because we think that *Canadian graduates* who have received such additional Diplomas should have some advantage over mere outsiders, that we have taken this matter up. We have not done so hastily, we have given the subject some careful thought, and we know "whereof we speak" Our cotemporary says "the whole article in the *Canada Lancet* grates unpleasantly." Aye, there's the rub. We all remember the opposition that he and his friends brought to bear against the Ontario Medical Bill when it was submitted to the Local Legislature and we have reason to apprehend that a little of the old leaven has been the occasion of this fresh outburst.

In refutation of the charge that we desire to "belittle" our own institutions we refer him to the last paragraph in our leading article in the May number of the *Lancet* We think the reference to the letters which the Editor of the *Lancet* has the honor to append to his name, exceedingly silly and has as much to do with the question under discussion as the Goodwin Sands with the Tenterden Steeple. In conclusion, we trust for the honor of Canadian journalism, that the future criticisms of our co-temporary may be characterized by fewer vulgarisms and couched in more temperate and becoming language.

DISINFECTION OF THE BODY.—The subject of disinfection is one of very great importance, but nevertheless one which has not received that attention which its importance demands. The employment of a little chloride of lime, or a weak solution of permanganate of potash, sprinkled on the floor of the sick chamber or in the bed pan or thrown down in the privy, is about all that is ordinarily done and this not unfrequently in the most perfunctory manner. Even in cases where great care is exercised and the process of disinfection more completely carried out, it is limited to the clothes, furniture rooms, &c., the original source of the infectious matter—the living subject, being entirely overlooked. In some institutions the convalescent from any infectious disease is bathed regularly every day for a week or two before being dismissed from the Hospital. This is a very wise precaution and one that could be made much more certain in its effect, by the addition of a weak solution of permanganate of potash or carbolic acid, to the bath.

Dry heat at a high degree of temperature is the most reliable and trustworthy means of disinfecting inanimate substances, such as blankets, clothing, &c., and this can be readily done by heating them in an oven or place for the purpose. A temperature of between 200 and 300 degrees continued for several hours is sufficient to render inert, all contagious matter which exists in articles of clothing, &c. A writer in the *British Medical Journal* for Feb., 1872 asks if the exposure of a living being to the above temperature would be sufficient to disinfect the cutaneous surface? or can the contagious principle on the surface of the body be raised to the required temperature? The above amount of dry heat can be borne with impunity by the living subject for a short time, but it will not be sufficient to destroy the contagious matter. It is well known that the evaporation which takes place under such circumstances is sufficient to keep the surface of the body cooled down to the normal standard, and hence no disinfectant effect would be produced.

Although high temperature cannot be made available in destroying the contagious matter on the surface of the body, much may be done by cleansing the body by means of disinfecting baths and the use of the flesh brush. The clothing also should be frequently changed and thoroughly washed and disinfected. Such means when properly carried out will go far to prevent the spread of infectious diseases. They are easily attended to, not expensive, and should in no case be neglected.

LOSTORFERS SYPHILIS CORPUSCLES.—This interesting subject is still under investigation. In the *Medical Record* for May are two letters in reference to this matter, one from Dr. Bumstead and another from Dr. Bronson of New York both of whom are at present in Vienna. These letters will be read with interest by the profession on this side of the Atlantic, not only on account of the discovery which Prof. Wedl says "if true is of little less importance than the discovery of a planet," but also from the well known reputation of these gentlemen, and on account of the favorable circumstances under which they are pursuing their investigations, having free access to the laboratory of Prof. Stricker, where Dr. Lostorfer's experiments are being carried on. The committee appointed to investigate the subject has dissolved declaring the question as one which can only be solved by personal investigation. These corpuscles have also been found in the blood of lupus patients, and the question naturally arises as to whether or not lupus is a syphilitic affection.

Prof. Wedl in his report read before the Society of Arts, Vienna, expressed his belief that these corpuscles were identical with fat globules, or probably bits of protoplasm. Few of the critics, however, support the opinion of Wedl. Dr. Lostorfer states that on the addition of acetic acid to the blood the syphilis corpuscles shrink and finally become indistinguishable, while bits of detached protoplasm are dissolved under its action. Iodine has no effect upon them, and osmic acid fails to turn them black, hence they cannot be fat globules.

Both these writers in the *Medical Record* also refer to the paper by Prof. Salisbury of Ohio, published in 1868, in which reference is made to similar bodies found in the blood of syphilitic patients, and if it should prove that they are identical with Lostorfer's Corpuscles the honor or priority in the discovery will undoubtedly belong to Prof. Salisbury.

The latest accounts regarding this important subject are to the effect that Lostorfer's corpuscles have been found by Prof. Stricker in the blood of tuberculous and carcinomatous patients that have never had syphilis; also in a case of morbus Brightii. The conclusion is evident, therefore, that the presence of these bodies is due to impairment of nutrition and the cachetic state of the patient, and not to the existence of syphilis.

## HOSPITAL OPERATING DAYS.

We would most respectfully desire to call the attention of the proper authorities to the propriety of appointing certain days for the performance of surgical operations at the Toronto General Hospital. During the past month several most important surgical operations have been performed; but as they were done on different days, many of the Students in attendance and others who might wish to be present were not aware until afterwards that such operations were in contemplation.

The students in attendance pay for the privilege of witnessing the surgical practice of the Hospital, and should be made acquainted with the days and hours for such operations. In all the London Hospitals certain days are set apart for operative surgery, and students know when to expect them to take place. True there are some cases that cannot well be postponed to a certain day, but it is equally true that the great majority of cases in Hospital practice are of a chronic nature, and can as well be performed on one day as another.

Why cannot Saturday at one o'clock be named as the time for all operations to be performed not of a very urgent nature? Everything could be in readiness for that hour and thus much time would not only be saved to the surgeons in attendance, but be a scurce of great convenience to all those interested in such matters.

We have thus drawn attention to this matter in the interest of the Medical Students who pay for the privilege; in the interest of the Medical Schools, because they suffer from any imperfection in reference to Hospital advantages afforded students in attendance at College; and also in the interest and for the benefit of the attending surgeons themselves. We hope that some active steps will be taken and such arrangements made as will be conducive to the general interest of students and others, and the welfare of the Medical Schools in Toronto.

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APPOINTMENT OF CORONERS.—William E. Johnston, township of Haldimand; George W. Wood, M.D., Delhi; Hugh M. McKay, Woodstock; William Noden, M.D., Roseneath; Dr. Bredin, Milford, and Dr. Beaton, Stayner.

## MEDICAL ELECTIONS.

Medical Elections. Midland and York Division — Dr. Agnew is out for re-election in this Division, and his address will be found in our advertising pages. There will probably be no opposition to the Doctor's return, and we think there should be none; but nevertheless we advise Dr. Agnew's friends to record their votes in his behalf, as diligently as if there were. By so doing, the chance of a possible accident will be avoided, and at the same time a deserved compliment paid to a faithful and pains-taking representative. Let every vote, then, be recorded.

Dr. Hoddor has been appointed by the council of the University of Trinity College as their representative in the Medical Council.

Dr. Coburn, of Oshawa, is a candidate for the representation of the territorial division of Kings and Queens on the Medical Council.

Dr. McDonald has been brought forward by his friends in Hamilton for the representation of the Burlington and Home division. Dr. Freeman, of Milton, is also in the field. Dr. Hamilton positively declined re-nomination.

Dr C. G. Moore, of London, is spoken of in opposition to Dr. Hyde for the Malahide and Tecumseh division.

Dr. John Muir of Merrickville, is one of the candidates for the representation of the Eclectic body in the Medical Council. The Dr. will, we feel certain, make a most able and efficient representative. We hope to see him elected by a large majority.

The first meeting of the newly elected Council will be held on the second Wednesday (10th) of July.

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Unprofessional.—We have received one or two communications calling our attention to an announcement issued in small poster form, by a medical man in the neighborhood of Oshawa. The poster, which contains a most extraordinary "Bill of Fare," is headed, A No. 1, and the author, after a characteristic harangue on health and beauty personified, asks, "*Who can remove disease?*" and answers, Not the unthinking, half-edu-

cated medical man, who has seen only his own small practice." "I have seen the largest and best medical practice in the world, in Canada, United States and England." We regret very much to be under the necessity of referring to such matters, and trust that the author may be able to see the error he has committed, and withdraw these disgraceful announcements from circulation, so that we may not have occasion to refer to them in more unmistakable terms. We have also received another communication concerning a medical man who is about to commence practice in a certain village in the West. There is nothing objectionable in this announcement *per se*, except its inordinate size. It seems as if intended to be nailed up on gate posts, telegraph poles, or in bar-rooms, &c.

## NOTES AND COMMENTS.

Bogus Diploma Business.—The committee appointed by the Legislature of Pennsylvania to investigate the charges against certain colleges in Philadelphia for selling Medical Diplomas have brought their labours to a close. From the evidence obtained it appears that the Philadelphia University of Medicine and Surgery and the Eclectic Medical College of the same place have been guilty of this most reprehensible business, and the result has been the repeal of the charters of both these institutions. We are glad to see that these disgraceful institutions have been so summarily dealt with.

Paracentesis Thoracis.—Within six months, four cases have been tapped at St. George's Hospital, in neither of which was the air excluded, and they did well. Dr. Fuller considers the dread as to the admission of air *fallacious*, and says that the various ingenious instruments devised for the purpose, only complicate a harmless operation. When the fluid is serous, he advises closure of the opening with carbolic plaster, as soon as the operation is finished, when purulent, the wound is to be kept open and drainage employed if necessary, and the patient well fed.

Baker Brown in Distress.—The London *Lancet* says that Mr. Baker Brown is completely prostrated by paralysis, and that he is also in pecuniary distress. A fund is being raised on his behalf.

ACTION OF QUININE AND ARSENIC.—The Philadelphia *Medical Times* contains an article from Dr. J. G. Richardson, in which he maintains that the tonic and anti-periodic action of quinine and arsenic are due to their power of destroying vegetable parasites (*bacteria*), that prey upon the nutrient element of the blood. These bodies have been seen by many observers, in the blood of men and animals, while suffering from various maladies.

LIME WATER IN CROUP.—The inhalation of the steam of freshly slaked lime water is strongly recommended in Croup. Portions of fresh lime are put into a bucket of hot water, which causes ebullition, and the child is made to inhale the steam, by placing it upon the nurse's knee and wrapping a blanket over both. The steam of lime water should also be generated in the room.

CEREBRO-SPINAL MENINGITIS, or Spotted Fever.—We have been informed that this disease has made its appearance in the neighborhood of Goderich and Clinton, and that already several deaths have occurred from its ravages. We sincerely hope it may not become general.

CANADIAN GRADUATES IN ENGLAND.—James McCammon Esq., M. D., of Queen's College Kingston, successfully passed the examination of the Royal College of Surgeons Eng., on the 2nd of May, and was admitted a member of the College.

Dr. C. A. Brown-Sequard was lately Married to a young lady in Cincinnati U. S. He will return to France shortly, but is expected again in September when he will deliver a course of lectures at the Harvard Medical School.

CANADA MEDICAL ASSOCIATION.—The next meeting of the Canada Medical Association will be held during the month of September, in the city of Montreal. We trust there will be a larger attendance than last year.

We are authorized by the Registrar of the Medical Council of Ontario to state that the voting papers will be in the hands of all registered practitioners on or before the 3rd inst.—(See Advt.)

# TORONTO GENERAL HOSPITAL REPORTS.

BY S.

## TREPHINING IN EPILEPSY.

G—— R——, aged 17, was received into the Hospital under the care of Dr. Hodder, to be treated for Epilepsy, caused by the pressure of a portion of depressed bone upon the brain, the result of an injury received about eight or nine years ago When about eight years of age he received a kick from a horse, a little above and posterior to the left ear causing fracture of the cranium and depression of some fragments of bone. The surgeon in attendance made some efforts to elevate the depressed portions and the boy recovered. After a time Epileptic fits began to make their appearance and continued to increase in severity and frequency until his admission to the Hospital. Upon a close examination a distinct depression could be felt over the seat of the original injury. This undoubtedly was the cause of the mischief, and it was finally decided that an operation was the only procedure that held out any hope of benefit to the patient. Accordingly the trephine was applied to the part and by means of an elevator,—considerable force being necessary—the depressed portion of bone was raised by forcing it outwards and partly breaking it off. Notwithstanding the force used and the critical nature of the operation, the patient did well. He made a rapid recovery and was soon sent home entirely cured of his trouble.

## AMPUTATION AT THE UPPER THIRD OF THE THIGH.

C—— G——, aged about twelve, was admitted into the Toronto General Hospital under the care of Dr. Bethune, about two months previous for disease of the knee joint. He was put under tonics and other appropriate treatment, but the disease continued to progress. Numerous openings occurred all around the neighbourhood of the joint. The leg was much swollen and edematous, and the discharge very profuse. No necrosed bone could be detected although sinuses led in every direction, even up along the shaft of the femur. The boy rapidly lost flesh and was gradually sinking. It was finally decided with a view to save the boy's life, to amputate the leg The operation was performed by Dr. Bethune, assisted by Drs. Hodder and Richardson of the Hospital staff. The flap oper-

ation was the one selected. On sawing through the bone it was found to be completely seperated from the periosteum, and the latter peeled off readily for some distance above the site of the operation In consequence of this another piece of bone about one inch and a half long had to be removed, so that when completed only a very small portion of the shaft of the femur remained in the stump The patient ultimately did well and will soon be able to leave the Hospital Upon cutting into the joint after amputation it was found in a complete state of disorganization. The cartilages were entirely ulcerated away, and the ends of the bones bathed in unhealthy pus The tissues around were much infiltrated and had a whitish appearance, highly characteristic of white swelling.

## CORRESPONDENCE.

### PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION,

(*From our own Correspondent.*)

The Association met on Tuesday the 7th May, in the Horticultural Hall, Philadelphia. Dr. Yandell, Kentucky, President, took the Chair, and the meeting was opened with prayer, after which Dr. Rogers welcomed the delegates to the city on behalf of the Committee of reception, and Dr. Hartshorne announced the programme for the entertainment of the distinguished visitors. The president then delivered his Annual Address in the course of which he approved of the migratory character of the association. He next referred to the present defective system of Medical Education in the United States. He reviewed the plan adopted in Germany, and said that the great demand in this country was for practical physicians, and laid great stress on the importance of Clinical Teaching. In regard to "Women Doctors," he said that their own sex did not incline to them, and he did not believe they would ever become very numerous, and he hoped they would never embarrass the association by application for membership. In the evening the delegates were entertained at the *Biological and* Microscopical section of the Academy of Natural Science, where about one hundred microscopes had been arranged with slides containing many interesting specimens of Natural History. Music was also provided for the occasion.

*Second day.* The meeting was held to-day in Dr. Wylie's (Presbyterian) Church, Broad st. The change was owing to the defective acoustics of the Hall. A resolution was then placed before the Association by Dr. Davis, of Chicago, acknowledging the efforts of the Massachusetts Medical Society to elevate the profession and to suppress quackery of all sorts, and especially assuring that society of encouragement and support in its efforts to rid itself of all pretenders. This was agreed to and referred to the Committee on Ethics. The report of the Committee on publication was next received in which it was stated that 750 volumes of the transactions of the society were published at a cost of $1549,30, of these 475 were given to members, including 23 to various Medical Journals, and 88 copies remain on hand.

The Committee on Education recommended an appeal to be addressed to the different authorities, by the Association, asking that no more charters be granted by State Legislatures, to Colleges which do not adopt the plan in reference to Medical Education, to be hereafter recommended by the Association, and that all Colleges now in existence which do not fulfil the requirements of this standard, forfeit their charters. They also recommended the publication of a National Medical Journal instead of the Transactions, the Editor to be appointed annually. The Committee also urged a meeting of delegates from the Medical Colleges to fix upon some uniform and improved plan of Medical Instruction in this country. This was referred to the publication Committee. In the evening a lecture was delivered by Dr. Noyes, in the Medical Department of the University of Pennsylvania, on certain diseases of the eye, illustrated by ophthalmoscopic pictures in the Magic Lantern.

*Third Day's Proceedings.*—A Resolution was passed recommending all Druggists to use colored bottles for containing external applications, and all bottles containing poison to have an additional label indicating the most efficient antidote. The committee on Ethics reported in regard to Alumni Associations of Medical Colleges that it was not contemplated by the Constitution of the Association that such societies should be represented. They also offered the following resolution.—"That members of the profession hired by the month or year by families, railroad corporations, etc, are to be classed as irregular practitioners and disqualified for for membership in this Association or in County or State Societies." Referred back to the State Societies. Some discussion then followed in reference to that part of the report recommending non-registration of delegates from the Academy of Medicine, Freedman's

Hospital, and the Howard University of Washington, D.C, on account of want of good standing on the part of these institutions. The charges were that some of the members were not licensed practitioners and that women were admitted to graduation, etc. The Report of the Committee was carried by a large majority. In the evening the Delegates were entertained at the residence of Thomas A. Scott, Esq.

*Fourth Day's Proceedings.*—The President appointed a Committee in reference to the publication of a National Medical Journal. Drs. Pollock, Westmoreland, Telley, Walker, Jackson, Weatherly and McGuire.

*Professor Gross moved to substitute three lecturers to address* the Association annually on Medicine, Surgery and Midwifery, instead of Reports on various subjects by committees. *Laid on the table.*

On motion of Dr. Baldwin of Alabama, a committee was appointed to consider the relations betweed Physicians and Druggists and report at next meeting.

Dr. Reese of Brooklyn introduced a resolution deprecating the Association of the sexes in our Medical Schools as derogatory to the instincts of true modesty in either sex. Indefinitely postponed.

The following officers were chosen for *the ensuing year :*—Dr. Logan, *President;* Dr. Wistar, *Treasurer;* Dr. Atkinson, *Secretary.* The President, Dr. Yandell, after thanking the members for their kindness and courtesy, declared the meeting adjourned to meet in St. Louis, next May

In the afternoon the members still in the city visited Fairmount Park, with their ladies, and partook of a collation prepared for them at Belmont Pavilion.

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## ERIE AND NIAGARA DIVISION.

(To the Editor of the Canada Lancet.)

DEAR SIR.—At a late meeting of the Medical Association of the County of Haldimand (at which I presided) I mentioned, that as for two consecutive triennial periods the County of Haldimand had sent a representative for the above division to the Medical Council, it was only fair that the County of Brant, which had always acted in perfect harmony with our County, should have the nomination of the next candidate The suggestion was unanimously adopted, and our Secretary, Dr. McCargow, of Caledonia, wrote to the Secretary of the Brant Medical Association informing him of our resolution, and, in reply, the Secretary

wrote to us, thanking myself in, I fear, too flattering terms, for the manner in which I represented the division in the Council, and, in accordance with our suggestion, nominating Dr. Lawrence, of Paris, as my successor, and, as no gentleman in the division is more capable of representing the division worthily, I trust he will receive the most unanimous support.

I shall, in a few days, transmit you for publication, a copy of the Essay on Medical Ethics, lately read by me to the County of Haldimand Medical Association, and, which may possibly be of some use in the present position of the Medical profession in this province. Meantime, Dear Sir,

believe me, faithfully,

Yours, &c.,

THOMAS PYNE,

President of the Medical Association, Co. Haldimand.

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To the editor of the Lancet.

Sir,—A correspondent appears in your last issue under the assumed character of "Otium cum dignitate," but, unfortunately, the characteristic stupidity, which crops out in every sentence, renders the whole explosion against the "Phenomena of life," an unparalleled exhibition of professional ignorance. We decline, however, entering the lists with one who assails under cover, nor shall we further try to enlighten a mind capable of perpetrating the gross absurdity, "that where congestion is, temperature is diminished in consequence."

J. G. FREEL, M. D.

Markham, May 15, 1872.

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Medical Schools.—The announcement of the College of Physicians and Surgeons, Kingston, for 1872-3, will be found in our advertising pages. The staff is the same as that of last winter. The Detroit Medical College has inaugurated a winter course of lectures. The preliminary term will commence in September, and the regular term in October.

## BOOK NOTICES.

PULMONARY CONSUMPTION —Its nature, varieties and treatment with an analysis of 1000 cases, by C J B Williams, M.D., and C. T. Williams M.D. *Phil.*. H C Lea, 1872. 8vo. pp. 315.

Dr Williams, senior, is a well known and distinguished author, and this work we have no doubt will be sought after by all reading men in the profession His theory of Consumption is "*that it arises* from a degradation of the plasma or nutritive material by which old textures are removed and new ones formed" The 1000 cases selected for analysis, are taken from notes on about 25000 which came under his observation during a *period* of 30 years. They are divided into two groups, phthisis of inflammation and phthisis of constitutional origin The first *embracing* varieties designated chronic pneumonia, suppurative, scrofulous catarrhal, albuminous, hemorrhagic &c. and the *latter*, tuberculosis acute and chronic, and scrofulous consumption With regard to treatment, cod-liver oil, good nutritious food, and tonics, constitute the principal remedies As tonics, he places most reliance on iron and quinine, unless inflammation exists, when calumba, chiretta and cascarilla are more suitable He recommends the pale oil, in tablespoonful doses, to be *administered* after eating, combined with an aromatic bitter, acidulated with a mineral acid. He frequently adds the tonic to the oil, and finds it to work well. Pure air, and gentle and varied exercise are also forcibly dwelt upon in the management of this *unfortunate* class of patients.

DISEASES OF WOMEN —By T G Thomas, M D, of New York. Philadelphia. H. C. Lea. Toronto Adam Stevenson & Co.

This is the third edition of Dr. Thomas' excellent work on diseases of Women. It has been thoroughly revised, many portions re-written and several new chapters introduced The work is improved in every respect, and is still more worthy of the confidence of the profession as a guide in the treatment of diseases peculiar to women.

DISEASES OF WOMEN —By Sir J Y Simpson, edited by A. R. Simpson, M.D., of Edinburgh. New York D. Appleton & Co.; Toronto. Copp, Clark & Co.

DISEASES OF BONES —By T M. Markoe, M D, College of Physicians and Surgeons, New York. D Appleton & Co., publishers.

The Ontario medical Register for 1872, published by the authority of the Council, by Stewart & Co, Hamilton—Price, 75c.