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THE INSANITY PLEA.

BY DR. D. CLARK, PRINCETON, ONT.

When a murder is committed now-a-days, either by man or woman, with or without provocation, it has become safe and fashionable, to put in the plea of insanity, in extenuation of crime, and generally with good effect. Experts are found, who are ready to prostitute their high vocation for gain, or medical men pretend to define in the witness-box, what insanity is, but are equally ignorant of what it is *not*. Dr. Allen, U.S., recently told the truth, when he said in evidence, "that lawyers made fools of themselves in trying to make asses of the doctors," when witnesses in such cases. The fact is, that no mortal man can correctly define and recognize insanity in its lowest forms, and in its mildest types, and not involve in his definition a diagnosis of the idiosyncrasies of the greater portion of the human family. The legacy of the great Satirist had truth, as well as irony, in its provisions, when he left his all to build lunatic asylums for his country, as its greatest need. Is eccentricity the first step in the *descensus Averni*? Then, who but a "good-

"less illless," is free from it? Is lack of *common sense* a proof of insanity? Let philosophy define what common sense is, and tell what per centage of the population possess it. If it can be defined by jurists, as being "a due regard for the usual institutions and habits of mankind," then those, who *ab initio* introduce institutions, and contract habits, are *non compos mentis*. Habit may make one idea so dominant as to be considered the sole end of life. To such an extent is this evident, in every neighbourhood, that feelings, emotions, desires, passions, and aptitudes, absolutely govern the subject, and make him sacrifice his own interests, and those of his dearest relations and friends. These may be right or wrong, but, to such, of absorbing interest, and hence become monomania. Has it not been an epidemic since about the time Eden bloomed? It may be a patent churn *perfectionism*, or a perpetual motion, Will o' the wisp, or a Figuer theory, to which all other hypotheses must bow, that the sun has for its fuel the souls of the good: or any other hobby which such men straddle, and John Gilpin like, ride it far enough—too far—and back again. With such, money goes—property vanishes—health is sacrificed—families are plunged into beggary—and all, because of eccentricity, oddity, peculiarity, or, shall I say, insanity? This state may only be an exalted condition of the understanding, and quite normal, without the balance wheel of tact to regulate the power. Even the moral nature becomes subservient to the bias of intellect, and in a wild-goose chase incites and excuses to crime. Jealousy will murder without real cause, for suspicion becomes "confirmation strong as Holy Writ." Envy will defame to the death, without compunction. Greed will cheat and rob, then smack the lips over its fiendish exploits. Impulse will commit all the crimes in the calendar, then with a demure face, go into the dock, and potently plead innocence, because of insanity. Dr. Bolus, Dr. Scalpel or Dr. Lancet is called to explain, if such is the case. They give all the phases of this so-called abnormal state, in technical language to a jury, and rascals by the score go unwhipt by justice, because they have been proved to be afflicted with dementia, monomania, insane impulse, or any other fraction of the unit, insanity. This popular plea has become a standing nuisance, and medical men, not accustomed to perceive daily the multifarious manifestations of unsoundness of mind, are not fit judges in the witness box. Sane, clever Drs. could be found in scores, in Canada,

and in this year of grace 1873, who "without fee, or hope of reward" conscientiously believe, and could give reasons, weighty and potent in theory, that a number of *e.g.*, our public men are afflicted with monomania, and hence *latefully* irresponsible creatures, objects of pity. This state is easily simulated. A few months ago, a clever reporter of the New York *Tribune* feigned insanity. He went to a hotel—called for 'hippopotamus soup'—wanted to take the first express train to the moon—had a notion that suicide would be pleasant by jumping out of a third story window—frightened a medical student, who was sent to watch him and note symptoms and signs, nearly out of his senses—made a stout Hibernian servant cry fire, to awaken at midnight the hundreds of lodgers in the hotel for fear of his life—stuffed the pillow in his mouth to prevent himself from laughing, was thought to be in a paroxysm of rage—was patted on the head by fair hands, and soothed to quietude by soft words. He got his pulse up to 140 by indulging in bursts of fury, and deceived two clever physicians, and one "stupid," all of whom made affidavits that he was insane. The Dr of Bloomingdale Asylum noted him as a dangerous character, and put him among yelling maniacs for days, yet all was "a delusion and a snare." Had this man contemplated and executed murder, immediately before, or during this time, using this madness as a cloak, these medical gentlemen could have given evidence as to his insanity, sufficiently strong to clear him. This matter has become serious, and among our neighbours a plague spot in jurisprudence. Mrs. Fair shoots her paramour through jealousy, and is proved to have been impelled by insane impulse. Stokes puts a bullet through Fisk from blind hate, and the same plea is urged. Richardson is shot in the N. Y. *Tribune* office, by a maddened and divorced husband, and the insane defence frees him from a just retribution. Dozens of such instances might be cited. One hundred and ten murderers and manslayers have been imprisoned in New York during the last eighteen months, and of these, 40 per cent have entered, or are entering a plea of *non compos mentis*. How can medical evidence rebut such an argument, or arrive at a solution of the complex problem, seeing that human skill and experience know so little of its secret workings? The law virtually puts doctors on a par with any other observers, and ironically says in substance "while great respect should be paid to experts, their evi-

dence is entitled to *no more* weight than any other body of men, when speaking of subjects which lie within the range of common observation and experience." So do the stars and much of the wonderful phenomena of nature "lie within the range of common observation and in many instances, experience also, but by parity of reasoning a respectful hearing should only be given to Galileo, Kepler, Newton, Lyell, Agassiz, and Tyndall." Such is law but can it be dignified by the name of being common sense?

The student of this field of nature must be put on a par with the *ignobile vulgus*. The fact is, there is more aberration of mind, than is "dreamed of in our philosophy." A good many kinds of it, which carry in every act responsibility, and consequently liability to adequate punishment, are classified to shield crime. Some jurists avoid this, but juries do not. The lawyers say, the prisoner is crazy. The judge splits hairs about it, and "muddles us so," quoth the foreman. "Not guilty, my lord." It is certain, that if justice is to be meted out, either we must have a new and restricted definition of this *brama!*, or mental disease, or certain classes of it must include moral guilt. Reason may be blunted and warped, but not lost, and thus deceives the conscience, as to right and wrong. Herein I differ (as will be seen hereafter) from the expressed opinions of all the medical jurists I have read on the subject. Conscience is *only* a judge to hear the evidence reason presents, and pronounces a verdict according to such affirmations. If the evidence should be false, then conscience will give a wrong decision, and if followed, *might* involve moral guilt, consequently, to say, that we are in the path of rectitude and sanity if we follow the dictates of conscience, is a fatal error. It gives decisions according to the evidence, but cannot discriminate as to its credibility, that is the work of judgment, and it only. If this definition of the function of conscience be correct, then a proper sense of right and wrong includes rational and true cognition of the objects or subjects of contemplation. In other words, the logical powers must be deficient in unsoundness of mind, pure and simple. This is always perceived in the subjects of lunacy. The premises may be false, but taking them for granted, the conclusion may be right. Or, the syllogism may be correct in the major or minor premises, but the deduction erroneous. Such self-delusion is common, and indicates sound reasoning powers, but unsound judgment, which leads conscience

astray, and asks and procures a wrong mental verdict. Thus insanity reduces itself to *error of judgment* in violation of natural law or order. To break unjust human law may be a sane act, and although the converse may not be true, yet all proper and beneficial human law must be in harmony with the eternal fitness of things. Moral depravity may blunt conscience, or reiterated acts of wickedness may almost annihilate its operations, but, the more reason is used, the more acute and powerful it becomes. Its abuse is often the *occasion*, if not the cause of aberration of mind. Taylor says: "A lunatic may have the power of *distinguishing* right from wrong, but he has not the power of *choosing* right from wrong." An error lurks here, for whatever he *chooses* to do, is a volition, and of necessity *free*, because performed. The *choice* is a *free* act, or it could not be done. He is not sufficiently explicit in distinguishing between the natural bias of man to wickedness—his acquired tendency to vice—and his *intellectual* discrimination, (or *power* to distinguish.) I am well aware that jurists hold, in a modified form, some of the views I have enunciated, in regard to culpable crime, in certain insane acts. Dr. Carpenter's theory—*Impulsive Emotional Insanity*—is now generally accepted, and the plea criminally used. Sudden incentives to crime are held by such, to involve a certain want of moral wrong. The criminal may be able to distinguish between right and wrong. He knows his act is a violation of moral, as well as criminal law, and in the face of this light, he is impelled to diabolical deeds, it may be even without motives. The dominant idea is said to prevail *against* the will. Even Blackstone is led into such loose expressions as those, and speaks of no human action being criminal, in a legal sense, when there is evidence of *want* of will; and this volition is overruled by inward criminal desire, or outward alien force. It is of course, rank nonsense to say that any mental act can be done without the consent of the will. The fact that it is done, is evidence of consent. Physical agency must not be confounded with volition, for the hand of a comatose man may be used as an instrument to do murder, or sign a will, and he, as a living, thinking being, "have no lot nor part in the matter." When the passions, desires, or emotions, move the Ego to perpetrate crime, it is done always with the *consent* of the will, else it never could be done by him. It is wrong, then, to exculpate on the plea that a man is "convinced against his will," to act, and therefore there should be a

verdict of acquittal, or, on this ground, a mitigation of punishment. The *impulse* is not insanity, or, if so, then is such mental alienation normal, among mankind. This emotional *vis a tergo* may come involuntarily, like any other forbidden thought, but all men with reason in full tonicity can ostracise it immediately. If not, such are unsound, independently, of all such exciting impulse. The "moral self-control" spoken of, as a cure for insanity, resolves itself into a determination of will. Moral considerations may not be factors at all. Selfish or self-love motives do determine acts more potently in a majority of cases, than any sense of right or wrong and *apparent* spontaneity of mind may only be an incited change of modes of life, from an innate desire of self-preservation or other equally potent motives. In the eye of the law a drunkard, who commits murder, or any other heinous crime, while in the mania of intoxication, is held to be as guilty, as if perpetrated when sober, because his deplorable condition had been brought about by voluntary act: yet, the man who harbors and nurses unholy passion, until it becomes a second nature, and consequent upon this state, commits a foul deed, in wild delirium, although the initiatory impulses were, so called free volitions, is absolved from guilt, on testimony of aberration of mind. It is often, only intermittently, that the latent fiend is raised to do devilish and "fantastic tricks." External circumstances, or internal excitement may be the *occasion*—the sparks to the gunpowder—of burst of fury, during which deeds of evil are done. A few years ago, I had a patient aged 14 years, whose skull had been crushed in by a kick from a shod horse. Nine pieces of bone were extracted. One of them had been driven over an inch obliquely into the substance of the brain. The membranes were ruptured, and nearly an ounce of the lacerated brain oozed out, or was cut away. He recovered and went to school, as formerly. Here were "bumps" whose internal economy was sadly interfered with, and their rivals on the opposite side, or on the same side, had a fine chance of domination, but sensibly did not take advantage of suffering colleagues, and co-workers, believing in a duality of interests. The same school-mistress taught him before the accident, and after it. The psychological wonder in the case, follows. There was still a hollow, where the brain had been removed, showing deficiency of cortical substance; yet, his memory—arithmetical powers—logical expertness—temper and acuteness of observation, were, for about

two years, as good as ever. Suddenly, after this, a change "came over the spirit of his dreams." The cavity had partially filled, but whether by *bona fide* brain, or adventitious deposit, deponent saith not. Irritability in every act set in. Paroxysms of apparently ungovernable rage came on occasionally. Friend and foe were then alike to him, Destruction was then his delight, and everything "*come-atable*" was attacked with vigor, and if possible torn to pieces. These fits of passion only lasted for a few minutes, and months might elapse ere they recurred. After they passed away he was as quiet as usual. Had this fury been persistent, and continuous, it might justly be inferred that some *permanent* change had taken place in the brain after the accident, but their intermittent nature precludes such a hypothesis. The scalpel and microscope may discover no change of structure, but there must be molecular change—possibly cumulative—to explain the phenomena. Unless a change takes place, or he becomes incarcerated, he may become a man slayer, in his almost demonic demonstrations. If in a strange country, as he is at present, and his previous history not known except from his own statements, a respectable jury will condemn him, and some M. D. will pronounce him a responsible person, and fit for the gallows. Possibly he is, for his father believed in "a rod for the fool's back," and wholesome dread checked his destructive propensities. J. M., an American officer, had bravely done his duty through all the battles of the Wilderness, and had been wounded at Coal Harbour. In the advance on Hatcher's Run, on Oct. 27th, 1864, a spent cannon-ball passed near his head, and, from the concussion of air, he was knocked over, but it did not touch him. In an instant he became a coward. It was deplorable to see the hitherto brave man skulk away to camp, without permission, with the roar of battle in his ears, and his battalion with its face to the foe. He smuggled himself on board a transport, and went home. I am told by his friends, that he has moody seasons. He says, that at times, he *feels* like doing some desperate act, but can control his impulse by mental effort. Some day the bridle may not be on Mazeppa, and a new horror may be enacted. The theorists of *insane impulse* would say that at such moments, when a tragedy takes place, insanity was present. Neither seem to have physical disease, but through the brain the equilibrium of the mind has been disturbed. Taylor says: "The great feature of insanity is *change of character*." Here it is, and with it full respon-

sibility. There is no more trace of abnormal mental action, than in other mischievous and cowardly, but sound members of society, and these impulses to evil are common to all. It is only a question of degree, and Taylor's definition would cover all such rational subjects. Is it correct, then, for medical witnesses to have a fancied standard of insanity, and judge all cases by it? Judge Warden, in his "Forensic view of man and law," holds it is, and lays down three dicta on the point—" (1.) An ideal standard of soundness, bodily and mental is desirable. (2.) It is conceivable. (3.) Though it cannot be presented to the mind by definition, it may be suggested to the mind." That is, *A.* may have one ideal of insanity, *B.* may have another, and so on *ad infinitum*. Each may be antagonistic to one another, but all are correct according to this view. The mental mode of each man decides the sanity of every man but himself. The absurdity of this position is self-evident. There is no original ideal model of beauty, so there is no common standard to measure humanity by, like the imperial bushel in the British museum. In all, is a generic similarity, but a specific difference, and no correct judgment can be formed of important phases of sanity or insanity, without a knowledge of the *previous* history and *peculiarities* of each individual. Dr. Ray, in his medical jurisprudence, came near the truth when he said, "that to lay down any definition of mania founded on symptoms, and to consider every person mad, who may come within the range of its application, may induce the ridiculous consequence of making a large portion of mankind of unsound mind. Some men's ordinary habits so closely resemble the behaviour of the mad, that a stranger would be easily deceived, as in the opposite case, when the confirmed mono-maniac, by carefully abstaining from the mention of his hallucinations, has the semblance of a perfectly rational man. Hence, when the sanity of an individual is in question, instead of comparing him with a "fancied standard of mental soundness, his natural character should be diligently investigated in order to determine whether the apparent indications of madness are not merely the result of the ordinary and healthy constitution of the faculties. In a word, he is to be compared with himself, and not with others." Russell, on criminal law, says that "idle and frantic humours, actions occasionally unaccountable and extraordinary, mere dejection of spirits, or even such insanity as will sustain a commission of lunacy, will not be sufficient to exempt a person

from punishment, who has committed a criminal act—a partial degree of reason—a competent use of it, sufficient to discern the difference between good and evil; then upon the fact of the offence proved, the judgment of the law must take place." He properly hinges the whole case on moral discernment, or what has been called by writers on ethics, "a moral judgment," accompanied by freedom of will to accept or reject alternatives. Habit, or congenital bias, may manacle in bands of adamant many an unfortunate. For the former he is directly responsible, and Aristotle makes the essence of virtue to consist in "practical habits, *voluntary* in their origin." For the latter he is brought to account in law, if responsibility can be proved.

I have succinctly stated these views, at the present time, when the "insanity plea" is so commonly put forward, and because my views are not those commonly set forth in text books on such subjects. In a word I hold,

Firstly, that proof of a sense of right and wrong is only of secondary consideration, because conscience is in a sense subservient to observation, discrimination, and judgment. Dr. Alexander, in his "moral science," says, "All experience and history show that man may act under the influence of an erroneous conscience. The dictates of conscience are always in conformity with the practical judgments of reason. When these are erroneous, conscience is erroneous."

Secondly, inability to choose right from wrong is no plea, because in a popular and experimental sense that is common to all, and in a philosophical sense not true, because every volition we put forth we choose so to do, and in the act the *free* choice is done. If we are able to choose at all, then we avoid, voluntarily, the alternatives. The error and sophistry seem to lie in confounding freedom of will in intellectual acts, and moral decisions. The former is *always* free, but the latter may be fettered by passion, confirmed habit, or unhallowed desire.

Thirdly, impulse is insanity, pure and simple, only when accompanied by evidently irritational motives, or no motives at all, yet this insanity may be accompanied by a sense of right and wrong, and knowledge of penal consequences, and at the same time the agent not be guilty of crime, and punishable. For mental alienation does not mean loss of the faculty of reasoning, but the grouping together,

wrongly, of ideas, and calling them truths, although such are wrong in argument and principle.

Fourthly, a vast majority of cases of insanity can be traceable to physical disease, or malformation, consequently disease is not *per se* a bar to punishment, although it is not likely that the truth goes as far as the opinions of Dr. Beck (I. Med. Jur., p. 725) would lead us to believe, that "Insanity is essentially a bodily disease, and the moral causes operate in producing it, as they do in producing other complaints.

MEDICINE—AN HISTORIC SKETCH.

BY CHARLES M. BEAUMONT CORNELL, M.D., L.R.C.P.S., KN., TOLEDO.

Medicine, in its most comprehensive sense, includes everything pertaining to the knowledge and cure of disease, but, in a more restricted sense, the term is employed in contra-distinction to Surgery and Obstetrics, although the latter are properly departments of Medicine in the comprehensive sense of the term, yet, apart from principles common to both Medicine, Surgery and Obstetrics, they may be cultivated separately. The *Medical Profession* embraces all who devote themselves to the study and practice of Medicine proper Surgery and Obstetrics conjointly or separately. The term *Physician* is applied to a member of the profession who devotes his time and attention to the diseases which belong to the department of Medicine proper. The same may be said with respect to Surgery and Obstetrics. As it was in "olden times," so is it now, the physician may, or may not officiate in the departments of Surgery and Obstetrics. In this country and in the United States most physicians are, of necessity, obliged to act also in the capacity of Surgeons and Obstetricians, and hence receive the name "*General Practitioners*."

The history of Medicine, with any degree of accuracy, dates back to the days of *Hippocrates*, considered the 18th lineal descendant from *Esculapius*, the "*God of Medicine*," whose history is so involved in fable as to render futile any attempt at accurately tracing it, though his two sons, *Machaon* and *Podalirius*, gained at the siege of Troy such celebrity in the healing of wounds, as won the laudation

of the great Grecian poet, Homer. Hippocrates, then styled by most writers the "*Father of Medicine*," was born at Cos 450 (some say 460) years before the birth of Christ, and was a member of a family which had produced some eminent physicians before him, besides, by his mother's side, having descended from Hercules. Born with these advantages, and stimulated by the fame of his ancestors, he devoted himself early and zealously to the cultivation of the healing art. Ill-content with the empirical practices characteristic of his progenitors, he placed himself under the instruction of Herodicus, the founder of Gymnastic Medicine,* as well as other eminent philosophers. Unwilling to accept as *truth* every theory advanced and espoused by his instructors, he judged for himself, and adopted only those principles, which to him, appeared founded in sound reason; and, in his researches into the science, he ever sought the true path of observation. Thus was he enabled to better elucidate the deductions of experience, and to sweep away the false theories with which Medicine had been so darkly clouded by those possessed of no practical knowledge of disease; and the rational or dogmatic sect of physicians have always acknowledged Hippocrates as their leader. Galen declares that his writings should be revered as the voice of the Deity. Most of the numerous treatises—some seventy-two in number—attributed to him appear to have been the accumulated knowledge of his immediate ancestors, which he simply collected and compiled. For the accuracy and fidelity with which he describes the phenomena and progress of disease, he has scarcely been surpassed. Although many of his doctrines are erroneous, they have, at least, the merit of being in advance of those of his predecessors. Of all his writings, his "*Aphorisms*" are the most important, comprising a collection of all the conclusions to which his researches had conducted him, with a general review of all that was known of Medicine and Philosophy in his day. They were

* *Gymnastica*, from "*Gymnos*," naked. *Gymnastic Medicine* relates to the cure of disease by exercise, or the rules to be observed in the different varieties of exercises concerned in the preservation of health. As master of an academy where warlike and manly exercises were taught, Herodicus, of Salymbria, in Thrace, observed his pupils to be very healthful, and adopted exercise both as a preventive and curative measure in his practice of physic. Hippocrates censures him for having carried his views to excess, and Plato warmly condemns his practice of enjoining his patients to walk from Athens to Megara, a distance of over twenty miles, and to return home on foot as soon as they had touched the city walls.

so highly prized by the Medical fraternity of those days, that they have been translated into many modern languages. His "*Prognostics*," too, abound in interest.

So involved in obscurity and fable is his life, that no further notice may be taken of it except that he appears to have travelled much and practiced his profession in many places. His last abode was at Laryssa, in Thessaly, where he died at the ripe age of 99. He had two sons, Thessalus and Draco, whom he educated to the profession, and a daughter whom he gave in marriage to his favorite pupil, Polybus, by whom all his writings were arranged and published. The memory of Hippocrates is still venerated in Cos, and it is said the inhabitants of that island still exhibit a small house, which they firmly believe to have been his residence. With Plato he shared the title of divine; statues and temples were erected in commemoration of him, and his altars covered with incense like those of the deified Æsculapius himself.

Hippocrates entertained peculiar ideas as to the composition of the body, believing it to consist of the four elements, earth, air, fire, and water, united in various proportions to form the four cardinal humors, *blood, phlegm, yellow bile, and black bile*; to the maintenance of the equilibrium of which he attributed *health*, and to the loss of this balance, *disease*. Thucydides informs us that when the pestilence swept through Attica, he staid its progress by building large fires to neutralize the infection.

He supposed the contents of the arteries to be air, and con-founded the nerves with the other white tissues of the body, as ligaments, tendons, &c. The brain he considered a glandular mass whose office was the secretion of mucus. He was, however, well versed in all the external phenomena of disease, upon which he based his doctrines of critical days.

His materia medica was by no means despicable. As sedatives, he employed hemlock, henbane, and the juice of the poppy, from which we now obtain our opium, as emetics, he had resort to hellebore and hyssop, while he employed scammony, elaterium and spurge as cathartics.

Hippocrates was the true type of what every physician should be, considering it obligatory upon the practitioner to pay the most scrupulous attention to the advantages of the sick, and to observe the strictest chastity and inviolable secrecy concerning matters

which ought not to be divulged—traits of character which should adorn every follower of the profession. He placed great reliance upon the power or principle which he denominated *Nature*, whose inherent tendency, he believed, was to the preservation of health and the removal of disease; and he admonished all to closely observe and carefully promote nature in her efforts, “at the same time correcting morbid conditions by their opposites,” and endeavouring to persuade the fluids to assume their wonted channels. In acute disorders, he relied not so much upon medicine as great restriction of diet; these means, in conjunction with gentle emetics, laxatives, and clysters, failing, he pursued a very active course of treatment, employing powerful cathartics, sudorifics, and diuretics. He counteracted violent pain by bleeding, and employed cupping with a view to its revulsive effects. Trephining was not unknown to him, for he advised it in cases of violent headache. Fire and the knife he used where medicines failed. Surgery, however, he thought should be practiced as a profession by itself.

(To be continued.)

NOTES ON OBSTETRICS.

BY A. B. ATHERTON, M.D., L.R.C.P. & S., FREDERICTON, N. B.

RETAINED PLACENTA.

Case I.—*Mrs. B. E.*———, *at. 38*, multipara. Had miscarriage at 6th month, in June, 1871. The physician then in attendance did not wait to see the placenta away, but said it would give no trouble, but come away itself. For three weeks the patient had a discharge of bloody water, subsequently, little or nothing came away, till August 21st, when, while engaged at her ordinary household work, there was a sudden gush of blood from the vagina, accompanied with faintness, pallor, and coldness. I was at the house in a short time, and found her pale and almost pulseless. On examination, the vagina appeared filled with clots; and, on passing up the fingers into the uterus, I felt a mass, which I took to be an adherent placenta. With considerable difficulty this was peeled off. It measured about $3\frac{1}{2}$ or 4 inches across, and was about one inch in thickness. It was of a light-flesh colour. No appearance of cord or membrane.

I did not notice that any portion of the mass had been separated from the uterus so as to give rise to the hemorrhage.

The woman made a rapid recovery.

EARLY ESCAPE OF LIQUOR AMNII.

Case II.—Mrs. P. S.—, *æt.* 32, mother of three children. Quick and easy labours. Pregnant the fourth time.

October 30th, 1872.—Sent for to ascertain whether she was in labour or not. She did not expect to be confined for a month or more, but within a few hours of my seeing her had felt considerable pain, which seemed like those of beginning labour.

Previous history.—On or about the 20th of August, after lifting a heavy weight, found, as she termed it, that her "water came away" whenever she was up and about. It troubled her very little at night, or on lying down during the day. This has continued ever since, but though she thought it strange, she said very little about it to anyone. At the first appearance of discharge there was slight pain, but none to complain of since till the present. Now she says her "water comes away" during the pains even while lying down. On examination, I found the os dilated to about $1\frac{1}{2}$ inches, scalp of the child felt bare, liquor amni coming away in small quantity. After three or four hours of severe labour she was delivered. She states that the labour was much more difficult than usual. Waters generally broke near the last.

The child appeared to have been carried not more than eight months, as the mother had said. It was, however, healthy, and cried pretty strongly. I noticed after delivery that the lower limbs were very strongly flexed upon the abdomen, so that it required considerable force to extend them at all, and, on removing the force, they returned to their former position, resembling a case of false ankylosis. After a short time they began to relax more and more, and subsequently the child did well.

MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.
ST. CATHARINES ONT.

DR. TURQUAND, of Woodstock, contributed a paper
ON DISLOCATION OF THE ELBOW JOINT, OF OVER NINE WEEKS STAND-
ING, SUCCESSFULLY TREATED AFTER DIVISION OF THE
TRICEPS TENDON, &c., &c., &c.

In the month of March, 1870, a young girl, aged 11 years, was brought to our office for treatment.

The history given was, that on the 11th day of January previous, the little girl, while running, fell upon the ice and sustained an injury which was diagnosed by the Surgeon sent for at the time of the accident, as fracture of the humerus, and was treated as such with a long, straight splint, extending from the shoulder to the hand.

The arm was thus fully extended, hanging down by the side, and with the additional weight of splints and bandages, dragging down the shoulder, rendering the whole limb useless, cumbersome, and eminently uncomfortable. These appliances being removed, a very careful examination was made, both by myself and my partner, Dr. McKay. Neither of us could discover, after prolonged manipulation, any evidence of fracture, and we concluded that it was a case of complete dislocation of both bones of the fore-arm backwards. Now the question at once suggested itself, whether to attempt replacement of the bones so long after the occurrence of the accident, or to perform resection of the joint. As there was slight—and although *very slight*—still *sufficient* mobility of the parts remaining to prove that *complete* ankylosis of the joint had not yet taken place—we felt strongly inclined to attempt reduction; although from recorded cases of the kind, very little, if any, encouragement was held out for our success.

After careful consideration of the case, in consultation with Dr. G. L. Beard, of this town, we decided upon making the attempt. Failing in this, we should still have the operation for resection to fall back upon, should it be deemed advisable. At this time, be it remembered, the little girl's arm was worse than useless. Our plans being matured, and a day fixed for the trial, 11th of March, 1870,

65 days after the accident, (Dr. Beard and Dr. Williams, of Ingersoll, concurring and assisting in the operation,) the child was placed upon the operating table, the pulleys properly adjusted, and the patient put under the full influence of chloroform. Careful and continuous extension was then kept up steadily for 15 minutes, but without any appreciable result. I then, with a small tenotomy knife, divided the triceps tendon close to the olecranon, and all intervening tissue down to the bone. Extension still continuing, there was gradual yielding of the tissues, to the extent of from half an inch to three quarters of an inch. The pulleys were now let go, and flexion and extension firmly persevered in. By these means the preternatural adhesions were felt gradually giving way, the bones, slowly returning to their places, (without any jerk) and the fore-arm was brought to an acute angle with the arm. Full extension and flexion were now repeated two or three times, and all present satisfied themselves that the reduction was complete.

Our little patient being sent to bed, the arm was placed in a semi-flexed position, and an evaporating lotion constantly applied. The constitutional disturbance was not great. Nine days afterwards, careful and slight passive motion was commenced, this, however, produced so much irritation and swelling that we could not repeat the attempt until ten days afterwards, from which time gradual movement was persisted in without causing any untoward symptom. We found, however, that the involuntary tension of the muscles could not by these means be entirely overcome.

On the 28th of April, about six weeks after the first operation, we succeeded, under the use of chloroform, in completely flexing and extending the arm. From this time the case progressed favorably to final and complete cure.

DR. GOODMAN was much pleased with the interesting and important paper just communicated. He would have it incorporated in the minutes, and published with the proceedings of the Society.

He was most struck by the circumstance that our correspondent only found it necessary to divide the tendon of the triceps—a much less formidable procedure than that discouragingly hinted at by Gross, of dividing the structures in front of the joint, with the imminent risk of wounding the brachial artery and the nerves of the part. In recent dislocations of the *Ulna* and *Radius* backwards and upwards, the difficulty in the reduction was doubtless due to the great

tension of the biceps, and brachialis anticus, which kept the coronoid process of the ulna in close apposition to the inferior and posterior extremity of the *humerus*, in the depression behind the *trochlea*. He had recently been called to see a case in which, owing to the powerful muscular contraction of the *brachialis anticus*, in internal lateral dislocation of the *ulna*, reduction could not be effected without the aid of chloroform. In long standing cases, however, the flexor muscles would probably lose their contractile power to a great extent from over tension, and the triceps being relaxed, shortened, and out of use, would contract; thus forming after a time the main obstacle to the reduction of the dislocation. This seems to have been proved by the result of the treatment adopted in the very interesting case submitted for our consideration this evening.

The Chairman, Dr. Sullivan, begged to thank Dr Turquand for the very instructive, interesting, and important paper, contributed by him this evening. There is no doubt we learn much in correcting the mistakes of others, as well as remedying, when possible, not a few of our own. That this form of injury is difficult of diagnosis is generally attested by authors on Surgery: and, frequently, it is only by taking the signs of fracture in the vicinity of a joint, with those of dislocation, collectively, that we can arrive at an accurate opinion, and that such is most necessary for the proper treatment will be quite obvious.

He found it difficult to account for the disparity between the diagnosis and treatment of this case, by, he presumed, a regular practitioner, and why he was not fortunate enough to reduce the dislocation is surprising, as Drutt recommends forcible straightening of the arm in this case. It is indeed important that we should have such an easy mode as that proposed by Dr Turquand, for remedying the great deformity which supervenes on 1stly, an error of diagnosis of this kind. 2ndly, from no treatment: a case of which he saw recently, or, 3rdly, from some complication such as fracture.

1stly.—It would be well to examine what structures are ruptured and the relation they probably bear to each other in their altered position, so as to ascertain what cases are eligible for this operation. In dislocation of both bones backward, the head of the radius is lodged behind the external condyle. The coronoid process of the ulna is in the olecranon fossa. All the four ligaments are ruptured except some fibres of the internal lateral; the annular ligament re-

mains entire. The brachialis and biceps muscles are either stretched or torn, the triceps and muscles of fore-arm relaxed, the median nerve pressed forward, and the ulnar nerve is sometimes painfully stretched over the projecting extremity of the ulna.

This latter condition of the nerve would be the principal if not the only objection to Dr. Turquand's operation, in unreduced dislocation of short period after occurrence.

2dly.—It will be well to enquire what are the pathological conditions existing in unreduced dislocations after a lapse of time, and how far they may be remedied by this operation. There is a new joint formed by the head of the bone. If on a muscle, it consists of a capsular ligament, of condensed cellular tissue. If on a bone, the periosteum throws up a bony rim, and the surrounding cellular tissue produces a capsular ligament.

The cartilage of the head of the bone becomes eburnated, or a synovial capsule may be substituted. The ligaments may become attached to the ends of the humerus. The muscles which act on the displaced bones become permanently shortened, and accommodated to the altered position of the bone, and assist in retaining it in its new sphere. The ruptured tendons may have acquired new attachments between the bones. The brachial artery may become adherent to the torn capsular ligament. Lastly, the natural cavity, as well as the track of the displaced bones becomes filled up and obliterated by a dense fibrous deposit.

3dly.—We should ascertain what means have been employed, and how long after the accident would we be justified in resorting to remedial measures. In some six successful cases recorded, treated by the ordinary mode of extension and counter extension, the shortest period is six weeks, after eight hours extension, at intervals, and the longest twenty-five months, with treatment continued twenty-two consecutive days. But the best indication for treatment by this mode would be how much mobility existed, and how far the proper function of the arm had been restored in its new position, for as the new joint becomes more complete so proportionally the old one becomes destroyed.

As a matter of course, the treatment by subcutaneous section does away with the proposition of time, as it may be performed immediately after the extension and counter extension have been tried and failed, but I would not feel inclined to resort to it without

more than one trial by the ordinary means. The best I believe will be in the selection of proper cases and the expediency of its application.

This mode of treatment was first recommended by Sir Charles Bell in reduction of dislocation of the thumb backwards and has since been practised by Liston, Rheinhardt, Gibson of Philadelphia, and Parker of New York. Dieffenbach of Berlin divided the muscles and adhesions in reduction of a dislocated humerus of two years standing, also a luxation of the foot backwards, of a year's duration by division of the tendo achillis.

Blumhardt in reducing an old dislocation of the elbow, after dividing the several tendons and ligaments without effect, made an incision on either side of the false joint, laid open the capsule divided the adhesions and replaced the bones."

NOTES IN PRACTICE.

CASES UNDER THE CARE OF DR. FOWLER, KINGSTON.

(Reported for the Lancet by Mr. Fenwick.)

J. M. æt. about 70 was taken suddenly ill on March 8th, after a severe fit of coughing, with chills, severe pain in the abdomen, and vomiting. Dr. Fowler was called in and found a soft tumour in the right inguinal region, having all the appearance of a hernia, an impulse was communicated to it on coughing, and the patient stated that he had observed the same tumour there previously. He was put under the influence of chloroform, and the tumour was returned within the abdominal ring. March 11th.—Pain still present, tumour descended on coughing. The symptoms of strangulation being very decided, Dr. Fowler, in company with Drs. Lavell and Sullivan, proceeded to operate. Having cut down on what was believed to be the hernial sac and opening it, about a tablespoonful of old pus was discharged. Immediately underneath was the spermatic cord; the finger was then introduced as far as the internal ring, and no hernia was found to exist. A stitch was then put in the upper part of the wound, and a poultice applied.

March 12th.—The patient feels a little better, more pus has come away, bowels not moved.

March 13th—Bowels still confined ; vomiting and increased pain. Peritonitis subsequently set in, and the patient lingered in great distress, vomiting having been almost continuous, and for some days stercoraceous, until the 17th, when he died. A post mortem was not allowed.

CASE OF STRANGULATED SCROTAL HERNIA (RECOVERY.)

Fred C., æt. 19, a strong healthy young man, was employed as "moulder" in the Provincial Penitentiary. On the 3rd Dec., while quickly lifting a weight of about 90 lbs. off the moulds, he rained himself severely. On arriving home, a distance of 2 miles, he found a swelling on the right side of the scrotum about the size of a large orange, went to bed and was seized with vomiting. In the afternoon, Dr. Fowler was sent for. He found the tumour tense and circumscribed, very little swelling in the groin, and the testicle could not be felt. When the patient coughed, on applying the hand to the scrotum no impulse was felt, but there was an impulse felt on applying the fingers over the groin. The taxis was tried but without success, ordered a lead lotion to be applied continuously.

Dec. 4.—Did not sleep during last night, vomiting continuous, bowels have not been moved, tumour continues the same, considerable pain on pressure, and dragging pain in the umbilical region; no distension of abdomen, pulse 80, soft. In the evening an injection of soap suds was given, but the bowels did not respond.

Dec. 5.—This morning the tumour is less tense, does not appear so circumscribed, more swelling in the groin, and the general symptoms of strangulation are more decided. Chloroform was administered and reduction by the Taxis attempted, but without success.

At 3 p m., Dr. Fowler, assisted by Dr. Lavell, proceeded to operate, having put the patient again under the influence of Chloroform. The usual incision was made, and upon opening the sac about 6 inches of omentum dropped out of the wound, while about 2 inches of intestine, and the testicle came into view.

The knuckle of bowel appeared to be healthy enough, but a portion of the omentum was of a very dark colour. The stricture, which was found to be at the internal ring, was then notched by a

hernia knife guided by the finger. The intestine was returned, and then the omentum, and the testicle being replaced in the scrotum, the wound was brought together by three sutures, a compress soaked in carbolic oil was applied, and a bandage adjusted. There was scarcely any hemorrhage, not a tablespoonful having been lost altogether.

8 o'clock p. m.—Has vomited occasionally since the operation, complains of pain on pressure. An opiate was administered; and hot fomentations to be applied continuously to the abdomen.

Dec. 6.—Slept well last night and feels pretty comfortable; symptoms of strangulation gone; pulse 80; has retained on his stomach some nourishment; wound looks well, and appears inclined to heal rapidly.

Dec. 7, morning.—Slept well last night having taken an opiate, and awoke with no pain to speak of; bowels have not moved yet, since the accident; pulse 64; has had no fever nor chills.

Evening.—He is in better spirits; bowels have been moved without the aid of medicine, and all pain has gone, even on pressure, wound healing rapidly without any discharge.

Dec. 8.—Slept well last night by the aid of an opiate, and feels so strong that he wishes to get up. The stitches were removed, and strips of adhesive plaster applied to the wound.

Dec. 10.—Slept well last night without medicine, and feels better in health and spirits.

Dec. 13.—Still convalescent; pulse 52; wound has healed without any discharge taking place from the first and he expects to return to work in a few weeks.

LIGATURE OF THE SUBCLAVIAN FOR AXILLARY ANEURISM.

By A. H. HUGHES, M.D., *Assistant Surgeon, Bombay Army.*

LADOO, aged 25, policeman, in the service of the Rajkote state, was admitted in the civil hospital, Rajkote, suffering from a tumour about the size of an orange, which was situated in the axilla, and which, he stated, appeared for the first time twelve days previously.

There was considerable pain extending into the forearm and

hand, and a sense of numbness was complained of. Expansile pulsation and *bruit* could be easily detected, the lower border of the fold of the pectoralis major was pushed forward, and the clavicle slightly raised.

There was nothing in the history of the case indicating violence, neither was there a history of syphilis nor rheumatism, but the man was addicted to the use of opium.

On December 25th, 1872, chloroform was administered, and I ligatured the subclavian in the third part of its course. No difficulty was experienced during the operation, though the artery was deeply situated, owing partly to the elevation of the clavicle by the aneurism. Pulsation immediately ceased, and the aneurism consolidated.

The ligature came away on the twelfth day, and the wound speedily healed. From this time to the 12th of March, a period of eleven weeks, no change whatever took place. no pulse could be felt at the wrist, the tumour was consolidated, but did not diminish in size, and as there was considerable pain in the hand, owing to the pressure of the indurated mass on the brachial nerves, causing restlessness and uneasy sleep, it was determined to get rid of the sac and its contents by inducing suppuration in it.

For this purpose a trochar and canula was introduced, and the mass of coagulated blood contained in the aneurismal sac was thoroughly broken up.

This produced the desired effect; suppuration ensued, a free exit was given for the pus, the tumour gradually diminished in size, and on the 10th of April, the wound having healed, he was discharged from the hospital cured.

At the time of his discharge no pulsation could be detected in the radial artery.

REMOVAL OF THE PENIS AND SCROTUM, THE RESULT OF AN ACCIDENT.

BY E. J. OGDEN, M.D. OAKVILLE, ONT.

On the 4th of Sept. 1872 I was called to see A— M—, æt. 20, married about 6 months, who was seriously injured and mutilated by a threshing-machine. While scuffling with a comrade

one leg of his pants, at the lower and back part was caught by the bolt at the coupling of the tumbling shaft and quickly wound about it. By a powerful and sudden movement he faced about but was drawn astride of the rod. His clothes were torn from him and, with them, the penis and scrotum. When I reached the barn where the accident occurred—a distance of four miles—nearly an hour had elapsed. He had lost considerable blood and was in a state of partial collapse. Examination revealed a frightful wound. The penis and scrotum together with the integument was torn from a surface about 7 inches from before backwards, and 5 to 6 from side to side, commencing above the symphysis pubis and extending irregularly backwards nearly to the margin of the anus, wider in front than behind. The testicles were pendant in this space by their cords of which the left was stretched and somewhat bruised. The left testicle was at a considerable distance from the integument—the right nearer—perhaps an inch away—and uninjured except in being in common with its fellow, stripped of integumentary covering. Where the penis and its crura were torn from their attachments a large and deep cavity was left through which the rami of the ischia and pubes could be directly touched. The wound, corresponding to the removed integument, encroached upon the left thigh; it was abrupt on its right margin, and oblique on the left. The urethra was torn off at the anterior margin of the prostate gland.

Assisted by Dr. Wright, of Oakville, and Dr. Buck, of Palermo, the patient was brought under the influence of chloroform, both testicles were removed, a catheter was introduced into the bladder, the wound approximated, and he was placed in bed. He recovered quickly and well from the anæsthetic, but complained of pain and pressure at the neck of the bladder; had an opiate administered (3 p.m.,) and another at night.

Sept. 5.—Rested pretty well at intervals during the night; bladder contracts spasmodically and violently, painful and irritable; desire to micturate, frequent. Urine passes by the side of the catheter, through what remains of the urethra, as well as through the instrument. The wound has been dressed with lint wet with solution of carbolic acid—one part to 30 or 40 of water.

Sept. 6.—Continues much the same; opiate at night, catheter removed, cleansed and returned daily.

Sept. 7.—Wound looks well, bladder less irritable, and desire to

urinate less frequent. Catheter incrusts greatly; ordered to be removed, and to be introduced only when required, which is often as the bladder retains or tolerates but a small quantity.

Sept. 12.—Bladder acts spontaneously but forcibly and spasmodically; must be emptied instantly when the desire comes on. Wound granulating satisfactorily. The pulse has not been quick, nor the skin hot. Patient can, after commencing, pass the urine in a stream, but prefers having the catheter used to prevent the urine from coming in contact with, and causing smarting in the wound.

Oct. 1.—Wound has contracted considerably; ligatures came away duly, catheter introduced very frequently to prevent contraction; doing well.

Dec. 4.—Wound continued to heal without interruption, and is now entirely closed, except the small opening opposite the urethra, which is so contracted as to require force in inserting the catheter. This the patient can readily do himself, and he inserts it frequently in order to keep the channel dilated. The patient was able to walk about the end of September, but he is still slightly lame. I sent him to Toronto in December to see Dr. Hodder respecting some appliance to aid in micturition, have not seen him since. His friends tell me he is in pretty good health, but pale and thin. He is at present doing duty as a bridge tender on one of our railways.

CORRESPONDENCE.

[To the Editor of the *Canada Lancet*.]

DEAR SIR,—During the past five or six years I have witnessed several remarkable and in every instance perfect cures of what I can unhesitatingly and confidently declare to be well authenticated cases of Cancer. Being thoroughly impressed with the conviction that the means adopted to perform such marvellous results was well worthy a careful and impartial investigation, I therefore examined each case critically fully determined to expose the fallacy of the very modest claims set up in behalf of the so-called "Cancer Ointment"—at the same time I fully recognized the great blessing it would confer upon the many suffering from this loathsome disease, if it should really prove successful. I therefore applied to the individual

(a school teacher) by whom the remedy in the cases above mentioned was prepared, for the prescription, but to my astonishment was firmly, yet respectfully refused. A prolonged conversation ensued, during which the merits and value of the ointment was fully discussed. I learned that for many years the remedy had been used with great success in the State of Vermont, and that the receipt had been carefully preserved in the family of the School Teacher for many years, and was considered a perfect panacea for all manner of malignant ulcers, amongst which Cancer was prominently named. However, as a compromise, I suppose, a small quantity of the ointment was placed in my possession, and I then determined to test its efficacy in such a manner as to place its value beyond a doubt, in my estimation at all events, *and thus I have succeeded in doing*, and am now thoroughly convinced of its curative properties as regards Cancer more particularly. And I have not the slightest hesitation in recommending it to the favorable notice of my Professional Brethren. For the past eighteen months I have been in possession of the formula by which the Ointment is prepared; the ingredients being so simple that, I was at first inclined to believe that I had been the subject of an imposition, but use has confirmed its immense value beyond the shadow of doubt, I sincerely regret that my pen is shackled by a very foolish promise I was obliged to make before obtaining the desired information—viz, not to reveal the method of its preparation and administration. I trust, however, soon to be released from this unfortunate promise, and it will then afford me the greatest gratification to spread the prescription broadcast. At first I determined to keep the subject entirely to myself until I succeeded in gaining permission to publish it in full—but upon reflection I decided to give any Medical Man, who may apply for it, a small quantity of the Ointment *gratis*, so that it may be thoroughly tested, and its therapeutic value decided. I will now relate the history, treatment, and results of three cases of undoubted Cancer, coming under my notice within the past eighteen months. First Case—J C., aged 27 years, a temporary resident of Boston, Mass., employed when there as driver of an Ice Waggon, presented himself at my office, on the 16th Sep. 1871, and requested me to examine a sore as he called it "on his mouth," it was then covered with an ordinary pitch plaster, which he removed with difficulty, as the parts were very irritable. I examined the so-called sore, and found it to be an Epithelial Cancer,

about the size of a ten cent piece, situated upon the lower lip at the right angle of the mouth. The edges of the ulcer were hard and everted, the discharge although not very abundant, was thin, acrid, and very offensive, causing considerable irritation of the surrounding parts, presenting an angry red appearance extending below the jaw—and causing the patient much inconvenience.

Case No. 2, Mr. H. P.—A farmer, residing in the adjoining Township of Compton—"Some ten years ago I first noticed a hard lump, about the size of a kernel of wheat just below my right eye—"after a little time it began to gather and discharge a watery fluid, "which I frequently squeezed out, but after a while I found that this "process produced much subsequent irritation, and pain. It is now "about two years since I first noticed a gradual change taking place "in the appearance of the tumor, until, as you now see, it is an open "sore, which occasionally scabs over, but the discharge is continuous, "and the pain is becoming very troublesome." The following is the appearance it presents at the present time. The ulcer is irregular in shape, the whole of which might be covered with a twenty-five cent piece, the edges are everted and very dense, it is now covered by a dark brown slough, from beneath which issues an ichorous exudation somewhat unpleasant to the smell, and very abundant when we take into consideration the size of the ulcer—pain is now constant, which the patient describes as being of a sharp stinging character—after having examined the ulcer carefully, I had no hesitation in calling it an undoubted Cancer. And in this diagnosis I have been upheld by several prominent Surgeons to whom the case had been submitted. In reference to Case No. 1, I beg to state *en passant* that the patient being extremely anxious about his life, had consulted a great many Physicians in Boston — amongst whom was the distinguished Surgeon Dr. Bigelow, and was advised to have the diseased portion of his lip extirpated immediately as it was an unmistakable Cancer.

Case No. 3, Mrs. J. H. Age 26—A young married woman, residing in the neighboring Township of Bronton. Has been married two years. Has had one child (female) born 29th August last. The patient is far from being a healthy woman—some six years ago she first noticed a small lump, about the size of a filbert, located in her left breast, it did not seem to grow, nor did she experience any trouble whatever from its presence, until the time of her pregnancy

when the tumour began to grow rapidly, and the part became very painful. She was safely and easily delivered, and progressed favorably for about two weeks, when suddenly an abscess formed in the left breast, just over the site of the tumour, which at this time had attained the size of a pigeon's egg. The abscess was opened and relief followed immediately, but after discharging about a week ceased doing so and re-formed, which necessitated a second opening: the pain was almost excruciating—represented as being of a burning, lancinating character, and extending to the lymphatics with which this part is abundantly supplied the discharge was now a thin sanies, exceedingly abundant and extremely offensive—the wounds caused by the two openings had become one large ulcerated sore; the edges of which were very hard, serrated, and everted. It had evidently become connected with the tumour to which we have before alluded—this tumour was now soft but no longer moveable, and upon manipulation presented a nodulated surface. At first when I was consulted I immediately advised excision of the entire left breast—but to this procedure the patient expressed the utmost repugnance, whereupon as the only alternative I proposed the use of the Ointment now under discussion, and although I could not promise any relief from its administration, the patient was only too anxious to try anything and everything before yielding to the knife. The treatment and results are similar in all three cases. At first if any slough is found upon the Cancer, it is to be removed carefully, do not injure anything like healthy granulations, wash the part with tepid water and dry it by the application of a piece of lint, then having spread the Ointment upon a piece of Chamois leather apply it to the Cancer. Allow this to remain as long as it continues perfectly adherent, but the moment you notice that it is not so, take it off and apply a fresh plaster. Continue the application until the opening becomes filled with healthy granulations—still persevere and you will be rewarded by the entire surface of the wound being covered by healthy cutis.

Yours Respectfully

J. HAMILTON BURLAND,

Hatley, 2nd. January 2nd, 1873.

To the Editor of the LANCET.

SIR, - Your Journal being the medium through which to make our various grievances heard, I take the liberty of laying before your

readers one of mine, hoping it may be the means of saving a confrere from being victimized in a similar manner, or perhaps provoking discussion on the merits of the Registration Act, with reference to qualified Medical Practitioners.

Last March, during a very cold period of that month, it fell to my lot to attend a poor woman named Nichol, living then at Strabane, in the Township of West Flamboro, County of Wentworth, who was suffering from, and subsequently died, of peritonitis. Being at the time very busy, I omitted to send in my return to the District Registrar in the specified time according to the Act. Having no blanks in my possession at the time, I intended calling for some the first opportunity. To my very great surprise I was served with a summons to appear before a rural magistrate, nine miles from my residence, on a certain day, at 5 o'clock p.m., to answer to a charge preferred against me by the Registrar, of wilfully neglecting to register the death of the above named patient. On the appointed day, I hastened away, neglecting urgent duties in my practice, but filled with profound awe at the majesty of the law. I arrived at the spot mentioned in the summons half an hour too soon. I waited until about twenty minutes to six, no functionary in the shape of a magistrate appearing. I left and came home. Two or three days after, I received a copy of a conviction, fining me ten dollars, and seven dollars and fifty cents costs. The conviction was dated the day after the one on which I was summoned to appear. I considered I had been very unjustly dealt with, and was led to take legal advice on the case. I was advised that the proceedings were altogether at fault, that the conviction was wrong, and that the whole thing could be quashed on the conviction alone. Under the circumstances, I was led to appeal, but before the case came into court, I was told that another conviction had been prepared. Feeling that no redress could be got in that quarter, I ordered the appeal to be withdrawn. The matter remained *in statu quo* for a few months; then, without any notice, I was called on by the gentlemanly bailiff, requesting the small sum of twenty dollars, which, after some little demurring, I paid, that was in the beginning of December. Last evening, the 13th of January, the same gentlemanly bailiff called with another writ, (and a document, the nature of which I could not understand,) with another modest request for seventeen dollars and twenty-five cents, which as before, with some demurring,

I also paid. How much longer I am to be subjected to the repetition of such demands from the sharks of the law, is to me a query. If you could advise what course to pursue in case of any further demands, you would confer a great favor.

Yours truly,

GEO. METHERELL M.D.

Freeton, Jan. 14, 1872.

Selected Articles.

FRACTURE OF THE SKULL IN BROCA'S REGION. PARALYSIS OF THE RIGHT SIDE, LOSS OF POWER OF SPEECH; DEATH; AUTOPSY.

Although no single explanation seems sufficient to account for all cases of aphasia, still it must be granted that in the vast majority of the permanent cases there is paralysis of the right side, which is associated with some disease or injury of the posterior part of the third left frontal convolution of the brain. That this does not always obtain is fully proved by cases recorded by Vulpian, Charcot, and even Broca himself, in which there was aphasia but no disease of this portion of the brain, or disease of this part and no aphasia. Further, Trousseau gives a case in which there was well-marked aphasia with left hemiplegia. Nevertheless the following case is of interest, as showing a direct injury to this part of the brain followed by complete aphasia and subsequent paralysis of the right side. It is doubtful, however, whether the large effusion of blood was directly due to the injury, or took place secondarily from an injured or diseased vessel. It is difficult to believe that so extensive a destruction of brain-substance by the extravasated blood should not declare itself by paralysis of the right side till so many hours had elapsed. It is probable that the injury gave rise in the first instance to only a slight effusion of blood, but that this gradually increased till it assumed the dimensions found at the autopsy.

J. H—, a workman employed at the London Hospital, in a quarrel with one of his fellows, was struck on the left temple with

the leg of an iron bedstead at about 5 P.M. The case was supposed to be one of scalp wound, and the patient was allowed to go home. It was not ascertained at this time that there was any affection of the speech. About three hours after the accident he was seen walking to his home, a distance of two miles from the hospital. On reaching home his wife, alarmed at the sight of the bandages, asked him what had happened, but, being unable to speak, he made signs for a pencil and paper. Before getting these he touched his head with his left hand (he was a left-handed man), pointed to the leg of a bedstead, and then clenched his hand as if striking a blow, which an intelligent neighbour interpreted to mean that he had received a blow on the head with the leg of a bedstead, to which he nodded assent. He then went to bed, using both his hands in undressing. A medical man being called in, it was directed that he should be brought to the hospital. To this the patient agreed, but in dressing it was noticed that he could not use his right hand, and, in walking to the cab, that he dragged his right foot. On arriving at the hospital he was quite insensible. Mr. McCarthy was then sent for, and saw him for the first time at 11 P.M., when he was unconscious and breathing stertorously, the right side paralyzed and the left convulsed, left eye intolerant of light, the right insensible to touch and light. At the bottom of the wound was a depressed fracture, at the anterior part of the left parietal bone. The history of the case pointing to gradual increasing compression of the brain on the left side, probably from effusing blood, the wound was explored, and some overhanging bone removed with a trephine, and the depressed portion raised and withdrawn, with some splinters that had been driven under the sound portion of the parietal bone. There was a free flow, uncontrolled by pressure on the carotid, of dark-coloured blood, but no wound of the dura mater was detected. A firm compress and bandage were then applied.

Next morning the man was quite conscious and in so far improved. The convulsions on the left side had ceased. The right side was still paralyzed as to motion, but when his hand or foot was irritated he used the left hand or foot to protect himself. He perfectly understood all that was said to him, and readily attempted to do all that he was directed. He did not protrude his tongue when asked, but it did not seem as if that were from paralysis of that organ, as he opened his mouth and showed the tip of the tongue,

which was in the median line. He continued in this way until the fifth day, his breathing gradually becoming more difficult, and he died. From the time he was first seen by Mr. McCarthy until his death he never uttered a word, nor could he write, although he made several attempts to do so.

At the post mortem examination the fracture was found to have traversed the course of the middle meningeal artery, which had not, however, sustained any injury. There was a laceration of the *dura mater*, some distance from the margin of the opening in the bone, which had doubtless been caused by one of the splinters removed at the operation having been driven through it at the time of the accident. There was no blood between the *dura mater* and bone, or in the arachnoid sac. There was a very little ecchymosis in the *pia mater* at the bifurcation of the Sylvian fissure, and beneath that a very small clot in the brain-substance. On tracing this there was found a large clot imbedded in the frontal lobe at its posterior part, coming to the surface by only a very small extent. It occupied the portion of the lobe corresponding to the interior and posterior part of the external frontal convolutions, and very closely bordered on the central lobe. When the clot was removed the brain-substance presented the usual appearance when a clot has been found after an apoplectic seizure. The right hemisphere was ecchymosed very superficially. The vessels of the brain were very much diseased. The basilar artery was varicose and opaque, and the inner coat was readily peeled off, showing the atheromatous degeneration beneath. The middle cerebral artery and its branches were in a similar condition. The other viscera were normal.—*Lancet*, Nov. 16, 1872.

TREATMENT OF SCARLET FEVER.—The late Prof. Geo. T. Elliot, in a lecture on this disease, gave the following method of treatment: To bring the eruption out, if it has not already presented itself, order hot baths and blankets. Give nothing to eat at first in the eruptive stage, and only the simplest nourishment the first day. Patients experience great relief from baths, and the application of cold cream, or mutton tallow over the whole body. Visit the patient twice a day. By pouring a pitcherful of cold water over the back of the neck, especially when the glands are enlarged

great comfort is experienced. As a gargle make use of chlorate of potash or soda. Pieces of ice are good in the mouth. Sprays thrown in with Richardson's instrument, of lime water, solutions of alum and sulphate of zinc are beneficial. As a palliative to the throat, the vapor from slacked lime can be recommended. Strong beef tea with opium, may be thrown up the bowel. Begin to feed the patient from the second day of the eruption with animal essences. If the tonsils are enlarging and the pharynx exhibits much redness, with diphtheritic exudation, the physician has a right to say that things look bad. If the throat symptoms do not mitigate on the fourth or fifth day, the voice being affected, then one feels there is a good deal of danger. When the kidneys show, by perrenia, desquamation, or transitory albuminuria, then there is a two fold danger. Always examine the urine when the patient has kidney disease; the treatment should be directed to the skin and bowels; when the latter are loaded and constipated, give powerful saline cathartics.

Get Ronchetti's apparatus, to produce perspiration. To convalescing patients the use of iron is beneficial. The bisulphites have been recommended, but from experience they cannot be advocated. Belladonna is not always a prophylactic, although on account of its innocence, and a feeling of satisfaction to the practitioner and family, it is well to administer it.—*Medical Record*.

ACTION OF ALCOHOL.—In his Lectures on the Treatment of Fever, Dr. Lionel S. Beale gives the following summary of the local and general action of alcohol:

"1. In external wounds and in internal diseases where alcohol acts beneficially, the good result is, in part at least, due to the alcohol checking the *increased action* already established.

"2. Alcohol does not act as a food; it does not nourish tissues. It may diminish waste by altering the consistence and chemical properties of fluids and solids. It cuts short the life of rapidly growing bioplasm, or causes it to live more slowly, and thus tends to cause a diseased texture, in which vital changes are abnormally active, to return to its normal and much less active condition.

"3. In 'exhausting' diseases, alcohol seems to act partly by diminishing very rapidly the abnormally increased growth of

bioplasm. The quantity required will depend upon the extent to which the changes alluded to have proceeded. In extreme cases, half an ounce of brandy, or even more, may be given for a time (in some cases even for several days) every half hour; and there is reason to believe that in desperate cases, life is sometimes saved by this treatment.

Practical Conclusions.—Lastly, I shall venture to repeat here the conclusions I arrived at many years ago concerning the great value of the alcoholic treatment of low fevers and inflammations. Increased experience has afforded further confirmation of the correctness of the statements made in the paragraphs below. I do not, of course, refer to slight cases of fever, pneumonia, &c., in which no stimulant whatever may be required, but to very severe cases of disease only.

"1 In what appeared hopeless cases, as much brandy as the patient could be made to swallow (an ounce and a half to two ounces in an hour) has been given for several hours in succession, and then as much as thirty ounces a day for several days, not only without producing the slightest intoxication, vomiting or headache, but the treatment has been followed by recovery.

"2 I would adduce the fact that a man not accustomed to drink, when suffering from acute rheumatism, complicated with pericarditis with effusion, pneumonia at the base of one lung, and pleurisy on the opposite side, has taken twenty-four ounces of brandy a day for eleven days, the tongue being moist and the mind calm during the whole time. While under this treatment, inflammatory products were absorbed, and the general state of the patient much improved.

"3 I have been compelled to give a very weak child, weighing less than four stone, twelve ounces of brandy a day for ten days, while suffering from acute rheumatism, with pericarditis and effusion. This quantity did not produce the slightest tendency to intoxication, or exert other than a favorable effect upon the disease. The patient did not begin to improve until the quantity of brandy, gradually increased, had reached the amount stated.

"4. I would state that among the general conclusions I have reached, after carefully watching more than one hundred cases of acute disease treated with large quantities of stimulants, are the following: That intoxication is not produced; that delirium, if it has

occurred, ceases, or is prevented from occurring at all in the course of the case; that headache is not occasioned; that the action of the skin, kidneys and bowels goes on freely; that the tongue remains moist, or, if dry and brown, often becomes moist, that the pulse falls in frequency and increases in force, that respiration is not impeded, but that, where even one entire lung is hepatized, the distress of breathing is not increased, and it appears that the respiratory changes go on under the disadvantageous circumstances present as well as if no alcohol had been given.

"The conclusion from all this is, most certainly, that alcohol does not do harm in fevers and acute inflammations, that it does not produce intoxication in persons suffering from exhausting diseases, and that large quantities (from twelve to thirty ounces) may be given in cases which appear very unlikely to recover, and sometimes the patient will be saved. The conviction is forced upon the observer that, in desperate cases, these large quantities of alcohol are directly instrumental in saving life, not by *exciting or stimulating to increased action*, but by *moderating actions already excessive*, and at the same time by causing the heart to contract more vigorously, and so continue to drive the blood through the impeded capillaries."—*Med. Times and Gazette.*

MEDULLARY CANCER CURED BY THE ARSENICAL MUCILAGE TREATMENT.

The following is a good example of the kind of cases for which the arsenical mucilage treatment, introduced by Dr. MARSDEN, Surgeon to the Cancer Hospital, is most preferred. The tumour being a medullary cancer of comparatively small size, situated on the exterior of the body, and not penetrating deeply into the tissues at its base, all the conditions as to nature, size, situation, and connections, combined to favour the use of the remedy, and the result was as successful as could be desired.

The tumour grew from the skin over the trapezius muscle near its anterior edge, about midway between the head and shoulder. It was quite circular at its base, with a diameter of nearly an inch, and rose about three-quarters of an inch above the level of the skin at its highest point in the centre—closely resembling, in fact, a large

strawberry in size and shape, as well as in colour, the whole surface having a red fleshy appearance, cut up by fissures of various depths, and thickly covered by large round granulations. It was so closely encircled by skin, that it overlapped a little at the edges; the skin, however, around the base was not otherwise perceptibly altered except in colour, there being here simply an areola two or three lines in breadth, of a purplish hue, in the direction of which the veins were visibly increased and enlarged. It bled on the slightest touch, and, being extremely sensitive, was the source of constant pain. The history of the case showed that, about three years before, a small tumour appeared at the site of the present one, and, on being lanced, discharged blood freely. It continued to bleed more or less occasionally until the wound closed, when, in consequence of its increase and the pain arising from it, it was excised; soon afterwards it reformed, and was again excised, but still kept on growing; and, at the time of the patient's admission into the hospital, on February 22, 1872, presented the characters described. The patient was a moderately healthy woman, 41 years of age.

As the patient was in tolerably good health, there was no occasion for delay on that ground; and accordingly, on February 23, the arsenical paste (consisting of arsenious acid and mucilage of acacia, in the proportion of two drachms of the acid to one drachm of the mucilage, made into a thick paste) was laid over the whole surface of the tumour, and covered with cuttings of lint in the usual way. In three days, the diseased mass was quite movable, and a sulcus lay between it and the skin, leaving it attached only at a small portion of the base. Bread-and-water poultices were then applied and changed every three or four hours; and on the fourth day (February 27) the whole mass came away in a lump, leaving in place of the tumour a conical cavity with slightly indurated edges. The wound was poulticed in the same way as before for a few days, and then dressed with weak spirit lotion. Healthy granulations sprung up over the whole surface of the cavity, and by the 23d of March its size was reduced to about a third, and the induration of the edges was much less. On April 9, the wound was quite healed, the induration had entirely disappeared, and the only indication of the former disease left was the cicatrix and an increased vascularity of the skin around it. The patient remains quite well up to the present date (October 8).

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the auditory meatus, and re-opened, so to speak, the orifice of the passage, by removing the morbid secretion which obstructs it, the use of a moderate stimulant is indispensable to re-establish the normal action of the glands. But before all, it is necessary to cleanse the auditory meatus, as no remedy can have the least effect, unless this operation has been well performed. In general I employ a preparation composed of half an ounce of beef's gall and a drachm (*un gros*) of tincture of castor or tincture of musk. With it I moisten a piece of cotton, which I place in the auditory meatus at night, to soften the hardened cerumen. * In the morning I syringe the ear with warm water, to which may be added an ounce of soap liniment and a little cologne. I have often substituted with advantage, for the preparation of beef's gall and tincture of castor, the solution of potassa of our pharmacopœa (London?) with the oil of sweet almonds, to dissolve the cerumen.

I would recommend for this operation to be particular in the choice of a syringe. When the ear is well cleansed, and the glands are in such a state that a stimulant can act upon them, I would advise, in accordance with results which I have obtained from my clinical experience, the employment of a solution of creasote in oil of (sweet) almonds, to induce the ceruminous glands to resume their normal action. The following is the formula which I employ :

R.—Creasote, - - - - - ʒi.
Oil of Sweet Almonds - - - - - ʒiv.—M.

And with a badger's hair-pencil put a small quantity in the auditory passages night and morning. I ordinarily commence with a solution of this strength, and augment the quantity of creasote according to the effects obtained. Cases, however, present themselves, in which no good result will be obtained from this application without applying behind the ear a vesicatory ointment of tartarized antimony, or other derivatives. In otorrhœa, and always when there is pain or inflammation the creasote is contra-indicated.

Its application causes no pain or unpleasant sensation, but only an agreeable feeling of warmth.—*Lancet*.—*Companion*.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

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TORONTO, FEBRUARY 1, 1873.

DEATH OF NAPOLEON.

For several years past the Ex-Emperor of France has exhibited symptoms which awakened suspicion of vesical disease. He is also said to have been a sufferer from rheumatism. In the year 1870, it is alleged that he consulted some of the leading French Surgeons in regard to his health, and that they diagnosed the presence of a calculus, and advised an immediate operation; but from political considerations the matter was hushed up. During the late war his sufferings are said to have been very great, but from the comparative quiet and rest which he enjoyed after the fall of Sedan, the symptoms abated, and for some time he suffered but little. During the past year he became much worse. His medical advisers, Dr. Le Baron, Corvisart, and Conneau, both concurred in the opinion that calculus of the bladder was the cause of his trouble. Sir Henry Thompson and Dr. Gull were called in some time in July. Sir Henry at that consultation examined the prostate gland, which he pronounced healthy. He desired to examine the bladder, but his Majesty declined at that time, and subsequently went to the South Coast for a short time. On his return he consulted Sir James Paget, who advised that an examination of the bladder should be made, and the question of the presence of a calculus definitely decided. About the end of December, Sir Henry Thompson was again sent for. He

unhesitatingly advised an immediate examination of the bladder under chloroform. On introducing the sound, he at once detected a large calculus. He then introduced a lithotrite, and measured it. The stone was thought to be about the size of a walnut, and phosphatic. The urine on examination proved to be alkaline, was thick and cloudy; crystals of triple phosphate, blood, pus, and mucus, were also present. After consultation, it was decided to attempt to crush the stone. Accordingly, on the 3rd of January, Sir Henry, in the presence of his Majesty's medical advisers, introduced the lithotrite, and crushed the stone freely, and removed several fragments. During the next two or three days there was a good deal of pain and frequency of micturition, and it was decided to operate again on the 6th, at 10 a.m., in order to remove any irritating fragments. Owing to the occurrence of a rigor, a circumstance of common occurrence to his Majesty, the operation was postponed for two hours. On the introduction of the lithotrite a fragment was found imbedded in the prostatic portion of the urethra, and was with difficulty overcome. The operation was then performed, and several fragments removed. A third operation was arranged for on the 9th, at noon, but at 10.25 he was found to be suddenly sinking. He became unconscious, the pulse, which had previously been about 80, rapidly fell, and he sank. The following is the result of the *post mortem*, which we take from the *British Medical Journal*.—

“The disease of the kidneys was of two kinds—there was, on the one hand, dilatation of both ureters and of the pelvis of both kidneys, on the left side the dilatation was excessive, and had given rise to atrophy of the glandular substance of the organ; on the other, there was subacute inflammation of the uriniferous tubes, which was of more recent origin. The parts in the neighbourhood of the bladder were in a healthy state, the mucous membrane of the bladder and prostatic urethra exhibited the signs of subacute inflammation, but not the slightest indication of injury. In the interior of the bladder was found a part of a calculus, the form of which indicated that half had been removed. Besides this there were two or three extremely small fragments, none of them larger than a hemisced. This half calculus weighed about three-quarters of an ounce, and measured $1\frac{1}{4}$ inch by 15-16ths of an inch.

“There was no disease of the heart, nor of any other organ, excepting of the kidneys. The brain and its membranes were in a

perfectly natural state. The blood was generally liquid, and contained only a very few small clots. No traces of obstruction by coagula could be found either in the venous system, in the heart, or in the pulmonary artery. Death took place by the failure of the circulation, and was attributable to the general constitutional state of the patient.

"The disease of the kidneys, of which this state was the expression, was of such a nature and so advanced that it would, in any case have shortly determined a fatal result."

NURSING THE SICK POOR.

The editor of the *Northwestern Med. and Surgical Journal* in discussing this subject makes use of the following language: The poor can always secure medical attention, but they cannot live on powders and boluses, however indispensable. In addition in our climate, at this season, four other things are absolutely essential; warm clothing, abundant fuel, suitable food, and proper nursing and attention. The clothing and fuel can be easily supplied by money, and this can usually be obtained from the authorities, or from charitable associations. More difficult to supply are properly prepared food, and nursing. Evidently it is no part of the physician's duty, while his time and services are given, to supply these also, any more than he should cart wood to his patients, or make them blankets.

Charitable ladies can usually be found in cases of necessity to carry such food as directed; all thanks for what they are so ready to do; but their efforts are spasmodic, and not to be depended upon; moreover, their best done, the question of nursing can not at all be met in this way. The Poor Commissioners are generally found ready to supply food, but not nurses, and the food they give has the disadvantage over that brought by the ladies, that it is crude, and, ten chances to one, there is nobody in the house to prepare it fit for the stomach of a dog.

He suggests some systematic organization regarding which he says, "We are not now speaking of a sinecure, a sisterhood, or a Young Women's Christian Association, the members of which meet once a week, and after an afternoon's discussion of their neighbors'

shortcomings and clothes, conclude that the poor are warmed and fed, and adjourn to their next stated meeting. We mean an organization of those who are willing to work, those who will pledge themselves that when called upon they are ready to watch by the bedside of the meanest pauper. A few such women, if they could be found, would be worth untold money, a few, if devoted to their work, would suffice. A half dozen in a town of twenty thousand inhabitants could do all that is necessary except in unusually sickly periods. It is fortunate that not many are needed, for there are doubtless really very few with whom such a course of life would be practicable.

We are not speaking of a thing which has never been tried; in London certain ladies have served as nurses in the hospitals a short time each, in order to acquaint themselves with efficient modes of nursing, and on coming out, have banded themselves together, pledging themselves as obedient to any call of need, as received from physicians. The system has been found to work admirably. Our towns are not too small nor our population too sparse to feel the need of like organizations, the hospitals for training are wanting, but every physician will be ready to instruct in such details as are not generally understood. Ladies to enter into it must be possessed of means enough to support them, and have their heart in the work; of course, too, they must be free from the cares of a husband and family.

As to the desirability of hospitals open to all who present the two conditions of sickness and poverty, no argument is needed; those who are able to pay for their care in charity hospitals, doubtless should, but too often *money* is the prerequisite for admission to those institutions which claim to be for the benefit of the *poor*.

QUACKERY UPHOLD.—We have received the following communication from a person who calls himself Dr. Granger, which we publish in full together with the enclosed testimonial from the medical men of Whitby, which the "learned" Dr. publishes at the head of a flaming, full-sized poster. We are acquainted with some of the medical men whose signatures are printed below, and we do not believe for one moment they would have allowed their names to appear if they had known what use was to be made of the docu-

ment. They must have known, however, that the "learned" blacksmith has been quacking these many years, and that the document would be used privately by him to further his own interests and mislead the unwary, and therefore they cannot be relieved from all responsibility in the matter. We feel very much flattered by his kind reference to the *Lancet*, and his offer to "help it to spread," but would most respectfully decline the proffered assistance :

DUNBARTON, Jan. 23rd, 1873.

To Dr. Fulton, Editor of the *Lancet*.

DEAR SIR,—I received the *Lancet* in due time, and would have written you before, but have been disabled by a fellon on my finger, and even now can hardly hold my pen. I have enclosed 25 cts. and two stamps, which will pay you for this copy, and as soon as I become settled I will become a subscriber. I noticed an attack upon me by a neighbour of mine who signs his name "Live and Let Live." A part of his statements is true, and part is not true, but I suppose he gave them to you as he received them from others the names I have enclosed will show you what the faculty thinks of me in Whitby the most of them have known me and my practice for more than twenty-five years. The act provides that any one that has been in practice since 1850 can get licence by paying the fees I have paid in the fees to Dr. Strange, the register in Hamilton, and expect my licence every day, with great respect.

DR. J. GRANGER.

P S I intend going west in a short time. I think very highly of your journal, and will do all in my power to help it to spread.

J. G.

TESTIMONIAL.

We, the Undersigned Physicians, of the Township of Whitby, County of Ontario, having been well acquainted with Dr. J. Granger, of Brooklin, for many years, do consider him a man of good moral character, and well worthy of public patronage.

J. FOOT, M. D., HENRY WARREN, M. D., W. H. EVANS, M. D.,
W. MCGILL, " " G. A. CARSON, " " R. J. GUNN, " "

TORONTO HOSPITAL.

The late appointment of a medical officer on the staff by the Trustees of the Toronto General Hospital, has awakened strong suspicion in the minds of many who were formerly their friends, that all is not right. The more this subject is looked into the more apparent the injustice of their action becomes. By what means they can justify their course before the public we are at a loss to conjecture. They cannot plead ignorance as to the position and standing of the various applicants, for the whole facts were before them. They cannot pretend to have desired an equality of representation in the Schools, neither can they pretend to have repudiated the Schools altogether—for they have appointed a man who is a lecturer in one of the Schools, and have thereby given that School a preponderance on the staff, which is manifestly unjust to the other Schools. They cannot pretend to have selected the best man available, for they have appointed a young man who has been in practice a little over a year, and this over the heads of men equally well qualified to say the least, and who have been in practice ten, fifteen, and twenty years. If, then, all this be true, and true it is, it must have been solely from mere personal considerations; and if they are guided by personal considerations in the appointment of a public officer, we may reasonably enough infer that this is not the only matter which has been subordinated to purely personal considerations. This action of the Trustees can not be allowed to pass unchallenged, and shall not, while there is a just and discerning public to appeal to, or an impartial government to memorialize. It is not a mere personal matter, but one which affects the whole body corporate of both Trinity and Victoria College, as well as the public, and no idle words are to be spent over it. The earnestness with which this matter has been taken up by those more immediately concerned, shows how keenly they feel the injustice which has been done them in this appointment. The unwise and arbitrary conduct of the Trustees in reference to this matter has already added much to the feeling of distrust which has occupied the public mind regarding the management of this trust, and will undoubtedly militate much against their successful operations in the future. This is on many accounts much to be regretted, but we cannot allow any feeling of false delicacy or maudling sympathy to prevent us from speaking out in the discharge of our duty to the profession and the public.

DEATH FROM CHLORAL HYDRATE.

It is our painful duty to announce the death of Dr. C. B. Jones, of this city, on the 15th ult., from Chloral Hydrate.

The Dr. had been suffering for some time past from fissure of the anus, and he placed himself under the care of Dr Campbell and Son, of Toronto, for treatment. He was put under the influence of chloroform and the operation performed. He recovered nicely from the effects of the chloroform, but as he was still suffering considerable pain, he requested Dr Campbell to give him some chloral, which he accordingly did. He took 40 grs. and in about 20 minutes 40 grs. more combined with $\frac{1}{4}$ of a grain of morphine, were administered; soon after he became insensible, and sank, in spite of the usual appliances, death being caused by cardiac syncope. This is the second occurrence of the kind which has taken place in this city, and as a curious coincidence in both cases from similar quantities of chloral. We do not wish to lay blame at any man's door, but we cannot refrain from remarking that it is exceedingly unwise to administer chloral hydrate after an operation in which chloroform or ether has been used under any circumstance.

CANADIAN GRADUATES ABROAD.

The Canadian graduates in Medicine who are at present in London prosecuting their studies, held a dinner at the "London," Temple Bar, on Friday, the 19th of December, 1872. The following gentlemen were present.—

A. A. Brown, M.D., Montreal, F. Butler, M.D., M.R.C.S., England, Cobourgh, Ont., W. L. Coptland, M.D., St. Catharines, Ont.; W. B. Lindsay, M.D., Mt. Brydges, Ont.; W. E. Ledyard, M.B., M.R.C.S., Toronto, Ont., C. W. Marlatt, M.B., M.R.C.S., England, Yarmouth, Ont., J. MacMonagie, M.D., M.R.C.S., F.O.S., London, St. Johns, New Brunswick, A. A. McDonald, M.B., Guelph, Ont.; Wm. Osler, M.D., Dundas, Ont.; Alexander Scott, M.D., L.R.C.S., L.R.C.P., Ed., West McGillyvray, Ont.; I. St. John, M.D., St. Catharines, Ont.; G. N. Whelan, M.D., Newfoundland, R. Zimmerman, M.B., Toronto, Ont.

Toast, song, and sentiment followed the entertainment, and a pleasant time was experienced by all present, and one long to be remembered. This is the first affair of the kind ever held in the capital of the British Empire.

MEDICAL ACT AMENDMENTS.

We have delayed the publication of the *Lancet* of the present month for a few days, in the hope of being able to publish the proposed amendments to the Ontario Medical Act, but at the last moment have been obliged to go to press without them. We have seen the rude draft of the Bill, however, and are therefore in a position to discuss its principal features. In addition to some unimportant details in the working of the Council, which the Bill is intended to rectify, it contains two alterations which are of material importance to the whole profession in Ontario. The first is the making of the "penal clauses" effective, and the second is the Annual renewing of the privilege of practising.

Of the first we need say no more than that it is in compliance with the often repeated and urgent request of the profession, that the change in the penal clauses has been made. The second requires more explanation.

It has hitherto been too much the case that after a young man received his qualifications to practice, he settled down possibly in some remote place, and had to fight the battle of life unaided and uncheered by any feeling of brotherhood with the profession to which he belonged. The formidable powers for redressing their wrongs which "unions" have given to many branches of trade, furnish us with a lesson from which we should profit, of the benefits of co-operation.

Now it is hoped that the effect of the annual renewing of his connection with the rest of the College will lead to the "College" being felt to be a living reality; and that the Council as a focal point will be a central authority, to which every member will be ready to appeal if his rights are invaded. It is also proposed as soon as practicable, to found a library and museum, donations and contributions to these will be thankfully received and acknowledged.

The fee is put as low as possible to avoid any dissatisfaction on the point of "taxation;" and it is purposed to reduce it materially by sending free of all expense to every member a copy of the Medical Register, in each year, together with copies of all the other papers published by the Council which will be of interest to the profession.

It is intended that the fee, which is placed at \$2 a year, shall

be payable on the 1st of April, this year ; in other years, on the 1st of January ; and, as a means of securing prompt remittance, it will be enacted that, if this fee is not paid previous to the 1st of June in this or in any subsequent year, the name of the member omitting to pay it shall not appear in the Register for the year ; it is intended that the Register shall be published every year, on the 1st of July ; and, any one whose name is thus left out can only be reinstated by a payment of all arrears, and by paying a fee to the Registrar equal to that charged for the registration of additional qualifications—viz., \$2.

It is also intended that hereafter the registration fee shall be Twenty dollars instead of Ten, thereby assimilating it more to the rate charged in England, which is £5 sterling ; power is however to be given to the Council to make any abatement it may deem expedient from this rate in special cases.

We are requested to state, that any suggestions which any member may wish to make bearing upon any of the points above referred to, or any other matter connected with the Medical Bill, may be addressed to Dr. Pyne, Registrar College of Physicians and Surgeons of Ontario, Toronto. At the same time we are requested to inform members that, while their suggestions will receive due and respectful consideration, it will be impossible to answer their letters.

ACTION FOR MALPRACTICE.

At the winter assizes for the County of York an action for malpractice was brought against Dr. Newcombe, by Mr. Butt of this city. The cause of action was in reference to a case of fracture of the neck of the femur in a person 55 years of age, which was treated by Dr. Newcombe, and in which there was said to be from 1 inch to 1 ½ inches of shortening. The fracture was treated upon a double inclined plane.

Drs. Aikin, Hodder, Philbrick, Winstanley, and Canniff, who gave evidence in the case, all testified to the fact that shortening always occurred in such cases. The plaintiff was nonsuited.

PLEASE EXPLAIN.—We have just received a copy of the *Lancet* re-addressed to this office, with a note enclosed stating that the sender is in receipt of two copies. The note is not signed, neither is the address given, and it is of course impossible for us to correct the mistake. We would feel much obliged if the party would send a post card giving these particulars. We occasionally receive copies of the *Lancet* returned in the same way without any signature or explanation of any kind, and the same parties subsequently claim that they have returned certain copies, but that we continue to send the Journal to them.

NOTES AND COMMENTS.

TREATMENT OF ASTHMA.—In Braithwaite's retrospects we find the following remarks in reference to the treatment of this disease. Asthma should, with a view to its successful treatment, be viewed as a neurosis of the pneumogastric nerve, of which, sometimes, the cause is disturbance of healthy function at the brain end, and sometimes at the gastric or hepatic. Thus bismuth and hydrocyanic acid are of great value when the neurosis is of gastric origin. Carlsbad salt, nitric acid, and at times, small doses of mercury, are all unmistakably curative when the hepatic system requires relief. Other remedies, such as ipecacuanha, belladonna, and nux vomica, are of use in appropriate forms of pneumogastric disturbance; whilst iodide of potassium, sulphur, and arsenic, are the remedies indicated if there is a gouty or rheumatic diathesis at the root of the malady.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—The following candidates for matriculation passed their examinations successfully before A. McMurchy, M. A., Council's Examiner, Toronto, viz.—G. S. McGeough, Henry J. Reynolds, George A. Rutledge, William Franklin Strangways, A. Brewster, R. J. Bently, and John Golden.

HONORS.—Dr. Dorland of Belleville, who has been absent in England, has lately returned after having successfully passed the examination for membership in the Royal College of Physicians and the Licence of the College of Surgeons, Edinburgh.

ALCOHOL AND RENAL DISEASE.—It seems probable from discussions which have taken place lately in the *London Lancet* and other British Journals, that the profession has been in error in regarding the immoderate use of alcoholic drink as tending to produce kidney disease. Dr. Dickinson has been at considerable pains to collect statistical information on this point, he has also looked into the whole subject very closely, and has arrived at the conclusion that, drinking habits are not, on the whole, great contributors to the general mortality from kidney disease. This view is diametrically opposed to a wide spread medical belief, and one which is sure to meet with considerable opposition. It is a well known physiological fact that only a small quantity of the alcohol taken into the system is eliminated by the kidneys. It cannot be therefore, that the cells of the uriniferous tubes are overtaxed in the elimination of alcohol. Besides, it has never been proved either by clinical observation or by statistical evidence, that there is any decided tendency of alcohol excess to produce kidney disease. The subject is a very important one, and requires careful investigation.

CASE OF GASTROTOMY.—Dr. Troup, *Edin. Med. Journal*, July, 1872, describes a case in which gastrotomy was resorted to in a case of impermeable stricture of the œsophagus. He was assisted by Dr. David Lyell, of Newburgh, and Dr. John Lyell, of Glasgow. The patient was at the point of starvation and suffering from intense thirst, and begged to have the operation performed. A vertical incision was made to the left of the median line over the region of the stomach and a tracheotomy tube inserted, the margin of the opening in the stomach being stitched to the parietes of the abdomen. Milk and stimulants were by this means readily passed into the stomach and the three remaining days of the man's life were spent in comparative comfort. A *post mortem* examination revealed the presence of a large epitheliomatous mass, at the cardiac end of the stomach.

AMPUTATION IN TETANUS.—Dr. Hackney (*Lancet*) reports a case of traumatic tetanus, in which amputation of the bruised finger was resorted to for the cure of the disease. The top of the middle finger was crushed in a door, and about 30 hours after the accident tetanus set in. The operation was attended with success, and although amputation is not generally considered justifiable in such cases, it seems to have been highly satisfactory in this instance.

ELECTRICITY AS A MEANS OF RESUSCITATION.—Allan McLane Hamilton, M. D., of New York (*Am. Practitioner*, Oct., 1872), says . 1st. That it is useless to expect good results if five minutes have elapsed since life appears extinct. 2d. That the current should be applied faithfully and steadily, one pole being placed on the *ensiform cartilage, the other on the base of the skull or over the tracks of the great nerves of the neck.* 3d. That the faradic and interrupted galvanic currents are the best. 4th. That the current should be applied some time after respiratory movements have become regular.

In conclusion the writer says . The necessity of having a battery within reach is apparent. Every practitioner should have a small one for emergencies. *They should be kept at each life-saving station on the coast, ready charged, with directions for immediate use.* If this were done, he doubts if the percentage of deaths would be so great as it now is. Artificial respiration by the production of muscular movements is a very valuable means of restoration, but a force that acts directly upon the nerves supplying the muscles of respiration, is by far the surest and best.

MEDICAL EDUCATION OF WOMEN.—It appears that the medical education of women will shortly be placed on a solid foundation in Boston, by the New England Female Medical College being made a branch of Harvard University. The Female Medical College takes a dower with it of \$150,000, and its endowment will be kept exclusively for female students, but in all respects beyond that of working in a separate College building, the female students will be dealt with by the University on precisely the same footing as male students. There will be equal terms, a "fair field," and no favor.

EXCISION OF THE PROXIMAL PHALANX OF THE THUMB.—Dr Bell in the *London Lancet*, reports a case of excision of the first phalanx of the thumb for enchondroma. No tendons were cut, and none of the soft tissues removed, the phalanx being removed by keeping close to the bone. The distal phalanx was brought to the metacarpal bone and retained by bandages and appliances. The redundancy of integument and tissue disappeared in a short time, and a tolerably useful thumb secured. The movements at the joint are good.

THE WARM BATH IN SMALL-POX.—Dr. Stokes, Regius Professor of Physic in the University of Dublin, (*Dublin Journal of Medical Sciences*, for January 1872,) recommends the use of the warm bath in the treatment of small pox. He says: "We cannot doubt that the mortality in small pox hospitals would be greatly diminished by the use of the bath. After describing a very severe case of confluent small pox, in which the patient is kept alive only by stimulants, he said the trial of the warm bath was suggested to him by Mr Smyly. "The effect was instantaneous and marvellous. The delirium ceased as if by magic. It was the delirium of pain; and the patient exclaimed 'Thank God! thank God! I am in heaven! I am in heaven! Why didn't you do this before?' The fetor immediately and completely disappeared, so that, on entering the ward, no one could suppose that there was a case of small-pox in it. He was kept at least seven hours in the bath."

APPOINTMENT OF CORONERS.—JOHN PRICE BROWN, of the Town of Galt, Esquire, M. D., to be an Associate Coroner within and for the County of Waterloo.

JOSEPH PRIESTMAN, jr., of the Village of Humberstone, Esquire, to be an Associate Coroner within and for the County of Welland.

CANADIAN INSTITUTE. MEDICAL SECTION, TORONTO.

Ordinary Weekly Meeting, Jan. 10th, 1873.

Dr. Coleman, the convener of the Committee on Medical Tariff, submitted for consideration the scale of fees recently adopted by the Hamilton Medical Society. A short discussion followed.

The newly-elected Chairman, Dr. C. B. Hall, then delivered the Annual Address. He alluded to the beneficial influence already exerted by the Section in directing the current of Medical opinion, and, after a passing notice of some of the recent advances in Medicine, he touched upon various other topics, that seemed to him worthy of the attention of the members.

Remarks were made by Drs. Rosebough, W. W. Ogden, Luton and Oldright, on some of the points alluded to by the Chairman, and the thanks of the meeting were then voted to the latter for his suggestive address.

Friday, January 17th, 1873.

Dr. N. Agnew read "A Sketch of the History of the Medical Profession," which was replete with interesting information, clothed in an attractive garb. A vote of thanks was unanimously accorded to Dr. Agnew for his admirable paper.

Dr. Coleman presented the Report of the Committee on Medical Tariff. After some discussion, it was decided to have 150 copies printed for distribution amongst the Medical men of the city, so as to afford every one an opportunity of fully considering its various items, and it was understood that a public meeting of the profession would soon be called to consider and revise the 'proof' circulated, and to decide upon a tariff by which it would agree to abide.

It was announced that at the next meeting Dr. A. D. Williams would read a paper on "Chloral Hydrate."

BOOK NOTICES.

THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN, INCLUDING THE DIAGNOSIS OF PREGNANCY. By Graily Hewitt, M.D. LON. and F.R.C.P., Second American from the third London Edition, Revised and Enlarged Philadelphia: Lindsay & Blakiston; Toronto: Copp, Clark & Co. Price: Cloth, \$5.00; Sheep, \$6.00.

This treatise is already long and favorably known to the American profession. It forms a volume of 740 pages, numerouslly illustrated, and though called a new edition, it is really a new work. As regards the present edition, the author states in his preface that "It contains certain generalizations on the important questions of the pathology of diseases of the uterus, which have forced themselves on his attention in the course of several years' experience, and which involve the adoption of views in reference to the pathology and treatment of the diseases of the uterus which are new as compared with those embodied in the early editions of this work."

The mechanical theory of uterine pathology now put forward is not, the author claims, a merely speculative one. "If I had published it," he says, "when I first conceived it some years ago, it would have been a speculation only, but the system as now enunciated

ated commends itself to my judgment as true, inasmuch as I have found it in conformity with daily observations for five or six years past. In support of these doctrines I have thought it expedient to embody the series of observations made by myself on the subject of the Diseases of Women at University College Hospital, during a period of over four years. These observations impart a clinical character to the work, which may be useful from other points of view."

He at first treats of the natural history and general pathology of the female sexual organs. He next gives a detailed description of the signs of pregnancy, and the means of diagnosing it from tumors of the abdomen. Considerable space is devoted to the discussion of the various flexions and displacements of the uterus and their treatment. Disorders of menstruation, diseases of the uterus, ovaries and external organs are fully treated of. The style is attractive and practical, the mechanical execution of the work creditable, and as a reliable guide in the treatment of diseases peculiar to women, it has no superior.

The British Medical Directory for 1873, and General Medical Register, London. J. A. Churchill. Price 10s. 6d.

The above is an octavo volume of upwards of 1100 pages, and comprises a London and Provincial Medical Directory, the Medical Directory for Scotland and Ireland, a Medical Directory of practitioners resident abroad, possessing British qualifications, with a medical directory of the army, navy, and mercantile marine, also statistical and general information respecting the Universities, Colleges, Hospitals, Societies, &c., in the United Kingdom. It is an exceedingly useful work and contains a vast amount of valuable information, and at an exceedingly low price. Great pains have been taken to render the list of practitioners resident abroad possessing British qualifications complete. We notice, however, that a few names are omitted, which we hope will be supplied in the next edition.

NEW AND ORIGINAL THEORY ON CHOLERA, by P. V. Dorland, M. D., M. R. C. P., L. R. C. S., Edinburgh, London. Williams & Strahan.

The author does not believe in the existence of any specific cholera poison, and attributes the occurrence of the disease to two

conditions. 1st. The presence of poisonous matter in the atmosphere, the result of the decomposition of animal and vegetable substances, and 2nd. An absence of ozone. This poisonous matter he asserts is always present, and is the same which produces typhoid, typhus, intermittent, and remittent fevers, but under such circumstances, it is modified by the presence of ozone. When the latter substance is absent the poison acts with its full force on the system and produces these symptoms characteristic of cholera.

FŒTICIDE OR CRIMINAL ABORTION. A lecture introductory to the course of Obstetrics and Diseases of Women and Children; University of Pennsylvania, by Hugh L. Hodge, M.D. Fourth edition. Pp., 55. Philadelphia: Lindsay & Blakiston. Toronto: Copp, Clark & Co. 1872. Price 10 cents; in leather, 60 cents.

The author shows that from the moment of conception, the foetus is a human being, from which follows the logical conclusion that its wanton destruction, at any moment prior to birth, is as much murder as at any time after birth. He says that that system of medical instruction which does not thus instruct its students in reference to the hideousness of this crime, is far behind the views of our best modern physiologists. Efforts have been made in many quarters to instruct the people upon this subject and much good has been the result, but still the awful crime prevails to an alarming extent. This little book should therefore be welcomed by every right-minded medical man.

In Quebec, on the 26th of December, 1872, **GEORGE GOLDSTONE**, M.D., M.R.C.S., Eng., aged 68.

Dr. Goldstone practised his profession for many years in Cobourg, and subsequently removed to Quebec, where he spent the remainder of his days. The immediate cause of his death was gout of the stomach.

At his residence 111 Church-st., on the 15th ult., **CHARLES BLACKBURN JONES**, Esq., M.D., aged 40 years.
